WSIB Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Safe Communities Incentive Program

Evaluation Report

Summary Report

and

Supporting Appendices

Research and Evaluation Branch
Policy and Research Division

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Safe Communities Incentive Program

Evaluation Report

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Summary Report

Introduction and Background

Reason for Research

The Safe Communities Incentive Program (SCIP) is a three-year pilot program, started in 1997 with the third year being in 1999. The WSIB Board of Directors requested that an evaluation be carried out prior to consideration of the renewal or extension of the program.

Consultation Group Process

In the Fall of 1998, Board staff, comprised of Prevention, Research and Evaluation, and Revenue Policy staff, met, periodically, with an external consultation group to obtain feedback on the range of issues to be addressed and the methodologies to be used in the evaluation. This consultation group included representatives from a SCIP community, the Safe Communities Foundation, and a health and safety legal clinic. The group developed a consensus on issues to be explored, and on the research approach. Appendix 1 contains a paper which formed the basis of discussions within the consultation group.

SCIP Program

SCIP is a community based incentive program for a participating group of small employers (less than $90,000 in premiums) which provides training, worksite evaluations and access to mentoring and coaching, to assist in the development of an action plan for improving health and safety in the workplace.

As a participant, a small business can share proportionately in a 75 % refund of any savings realized in the community group's claim costs with the WSIB, resulting from improved workplace health and safety. This benefit would be in addition to refunds a participating small business may receive through the other incentive programs administered by the WSIB.

This Research reported was focussed on the communities and firms joining SCIP in 1997: Brockville, Peterborough and Waterloo and joining in 1998: Kingston, Belleville, Ajax/Pickering, Owen Sound, Rainy River, Sarnia, and Smiths Falls. A total of 616 firms registered in SCIP during these two years.

Partners in SCIP

Many partners in the health and safety community have contributed to the development of a unique program aimed at small business. Page 2 of Appendix 1 contains the chart "PARTNERS IN SCIP". The partners in SCIP include:

- Safe Communities Foundation
- SCIP Community coalition/leaders
- Coaches/mentors (e.g. from larger business)
- Safe Workplace Associations
- Ministry of Labour
- WSIB

WSIB staff contribute at the policy, developmental and operational program levels working with the partners and with SCIP employers directly.

SCIP Logic Model

In order to focus thinking on how SCIP is intended to work, and on the identification of evaluation issues for research, a program logic model was developed and discussed by the evaluation consultation group (Appendix 1). The logic model is provided on the following page.

The purpose of the logic model is to show how day-to-day program activities are expected to lead to the desired ultimate outcome shown at the bottom (fourth row) of the chart:

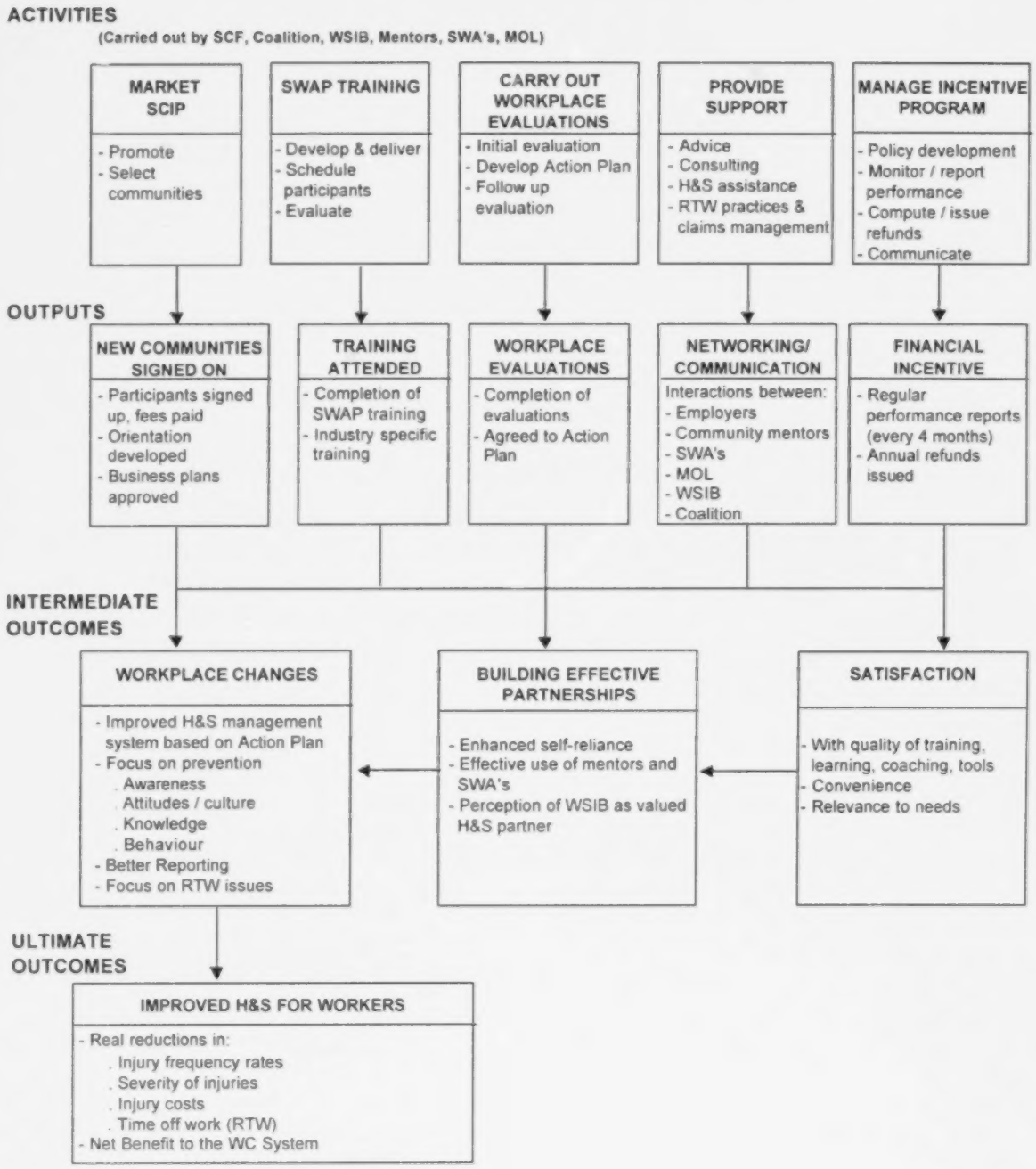
- Improved health and safety for workers (e.g. expressed as reductions in injury frequency rates).

The third row of boxes in the logic model indicate the key intermediate outcomes, which are believed logically necessary to achieve the ultimate outcome:

- Changes in the work place (e.g. awareness, attitudes, knowledge, behaviour, improved OHS (occupational health and safety) management, better accident reporting).
- Building effective partnerships (e.g. use of mentors/coaches, WSIB as a valued partner, enhanced self-reliance).
- Satisfaction (e.g. with quality of training, tools, convenience, relevance to needs).

By and large, the first and second rows of the logic model, Activities and Outputs, are concerned with process and can usually observed at the operational level. As indicated in the next section, the identification of the intended intermediate and ultimate outcomes leads to the key evaluation issues and evaluation methodologies.

SCIP LOGIC MODEL
LINKS PROGRAM ACTIVITIES TO INTENDED OUTCOMES



Evaluation Issues

The Evaluation Discussion Paper in Appendix 1 identified four issue groups, primarily focussed on the intermediate and ultimate outcomes. Discussion with the evaluation consultation group resulted in the following set of evaluation issues which generally agree with the issue groups, with the addition of Issue 5, Participants' Suggestions for Improvement.

1. The extent to which the health and safety performance of participating employers has improved because of SCIP.

2. Changes in the workplaces that have occurred as a result of SCIP (awareness, knowledge, behaviour, business processes and impacts).

3. The program components that make up SCIP (SCIP training and coaching, self-reliance, accountability, relationships among health and safety partners, the incentive and motivation to join SCIP).

4. Satisfaction with the SCIP program (including perception of WSIB).

5. Participants' suggestions for improvement.

Evaluation Methodologies

A number of complementary research tasks/methodologies were undertaken in order to fully explore the evaluation issues, including the analysis of Board data, the conduct of worker and employer surveys, and the completion of detailed case studies of several SCIP communities. The methodologies are outlined in this Summary Report while greater detail can be found in the Supporting Appendices.

- ***Analysis of WSIB Data*** – addressed issues such as targeting, community penetration, and health and safety performance by comparing trends in injury frequency rates between SCIP firms and a comparison group. (Refer to Appendix 2 for details).

- ***Survey of Injured Workers*** – survey addressed issues of changes in the workplace, such as changes in awareness, knowledge, behaviour, and health and safety. Sampled 540 injured workers employed in firms participating in the SCIP program. (Refer to Appendix 3 for details).

- ***Survey of Employers who withdrew from SCIP*** – qualitative analysis addressing issues such as motivation to join SCIP; satisfaction with SCIP training; and reasons for withdrawing from SCIP. Conducted telephone interviews with 59 employers who were registered in SCIP but later withdrew from the program, usually after modules 2 or 3. (Refer to Appendix 4 for details).

- ***Case Studies of SCIP firms*** – WSIB contracted two external consultants familiar with the Ontario OHS environment to carry out in-depth qualitative research in selected SCIP communities and work places. It was felt that a level of objectivity would be achieved, and that confidentiality and anonymity of participants' responses could be guaranteed. The case studies were intended to include face-to-face interviews and cover all issues, but especially workplace changes, the functioning of key partnerships, the potential of enhanced self-reliance and satisfaction of participants with the program. The Consultants held one-on-one or group interviews with the various partners in SCIP including 60 employers, 12 supervisors, 50 workers, 7 coaches, 6 facilitators, and 13 coalition representatives. (Refer to Appendix 5 for details).

Appendix 1 also describes additional methodologies intended to add further insights into the accomplishment of SCIP objectives. These were not initiated primarily due to reasons of unfeasibility or cost. For example, a direct analysis of the required workplace evaluations and the achievement of action plan goals by participating employers was not possible because of confidentiality agreements on these evaluations. A proposed survey of eligible employers who did not join SCIP was not carried out due to budget limitations, but it was felt that the case studies and the employer survey would provide useful information on reasons for joining SCIP.

Research Findings

Brief summaries of the key research findings are included here while greater detail can be found in the supporting appendices.

Analysis of WSIB Data

The key findings from the analysis of WSIB may be summarized as follows (see Exhibits 2-1 through 2-4 in Appendix 2):

SCIP Targeting

- Although SCIP is targeted to "small" employers, the $90,000 limit on premiums nevertheless allows a range of firm-sizes up to more than 100 in some cases. Analysis showed that the very small category of "under 10" is significantly under-represented, while all larger categories are over-represented.
- Natural resources industries are under-represented in SCIP, while manufacturing industries are over-represented.
- Participating firms at entry to SCIP had higher risk of injury (i.e. injury frequency rates) than a weighted comparison group.

Health & Safety Performance of SCIP participants

Injury frequency rates for 1995 through 1998 were calculated for 1997 SCIP entrants and for a weighted comparison group of eligible employers who did not participate in SCIP. The comparison group employers were re-weighted to reflect the industry and size mix of SCIP employers. Exhibits 2-3 and 2-4 in Appendix 2 show the results for lost time and no lost time injury frequency rates, respectively.

For each of the three communities joining SCIP in 1997, lost time injury frequency rates declined over the program period more quickly than for the comparison group. For two of the three communities, no lost time injury frequency rates also decreased more quickly than for the comparison group firms.

These findings provide evidence of a health and safety improvement for workers in the employers joining SCIP in 1997. These data are supported by findings of self-reported improvements in the worker surveys and case studies noted below

SCIP Injured Workers Survey

The survey explored the evaluation issues dealing with health and safety performance; and changes in the workplace. Specifically, it explored whether health and safety changes had occurred in the past two years, in knowledge, behaviour, perceptions and attitudes of injured workers. The survey findings complement the case study results since the latter had a lesser proportion of worker interviews. Exhibits 3-1, 3-2, and 3-3 (in Appendix 3) provide detailed Tables of Findings on changes in overall perceptions; behavioural changes of workers and others; and changes in communications and health and safety training.

Health and safety performance

Performance was measured through questions on workplace reporting practices, as well as through a general question asking workers whether the workplace had become safer over the last two years. It was found that some changes in reporting practices had occurred. Specifically, 67 % of workers stated that they or their co-workers reported hazards and incidences more now than in the past two years. Similarly, 46 % of workers stated that their supervisors track near-misses more often now than they did in the past. Finally, 75 % of workers reported that their workplace had become safer over the last two years.

These findings suggest that firms with better health and safety records have incorporated health and safety procedures that include changes to reporting practices. Furthermore, these and other health and safety changes may create a feeling that one's workplace has become safer.

Changes in the Workplace

Workplace changes were assessed through a series of questions querying into changes in awareness and attitudes, behaviour, and communications initiatives. Overall, about 75 % of workers reported that they were more aware of safety for themselves and their co-workers. Specifically, 64 % stated that they were aware of a new policy on Health and Safety; and 67 % claimed their employers make them aware of safety. Similarly, 68 % of workers reported that their employers have changed their general attitude on health and safety.

Workers also reported behavioural changes in their workplace. For instance, they stated that Health and Safety representatives (67 %) and First Aid are more available (63 %). They also claimed that their company now hangs up more safety signs (63 %); and their workplace is checked more often for safety hazards (63 %).

Finally, it appears that workers and their supervisors are communicating more about health and safety issues. More specifically, workers claimed that they learned about health and safety changes through their supervisors (72 %), or at a company meeting (67 %). This increase in dialogue is particularly prevalent when workers encounter situations that are perceived as dangerous or hazardous. In this case, 91 % of workers reported that they talked to their supervisors about safety hazards

Overall, many of the findings reported in this survey are consistent with the case study findings reported in Appendix 5 and summarized below. They are thus instrumental in illustrating that the majority of workers report positive changes over the pilot program period on many of the indicators measuring changes in health and safety in the workplace.

Survey Of Employers Who Withdrew From SCIP

The purpose of this qualitative survey was to identify reasons for joining SCIP, satisfaction with the SCIP training, and reasons for withdrawing from the SCIP program.

Motivation to Join SCIP

Most employers joined SCIP for financial savings and to learn more about health and safety and ways to prevent accidents in the workplace.

Satisfaction with SCIP Training

Employers reported greatest satisfaction around training sessions that enabled them to network with their peers in their communities. They also preferred sessions that would teach them about health and safety regulations and roles and responsibilities. Conversely, employers reported least satisfaction with the times and structure of the training sessions; the number of training sessions (some wanted more; others less); and the material covered and time taken to cover each topic (not enough time). Many stated they would have preferred more flexibility with the program content, format, and schedules.

Reasons for withdrawing

Many employers stated they withdrew from SCIP because they were not satisfied with the incentive or the amount of savings on their premiums. Others reported they did not have enough time to attend the training sessions; the training, and the make-up of the groups did not appeal to them; or that they assumed they were not registered because they never heard back from their SCIP representative.

In summary, while many of these findings advance a variety of opinions held by employers withdrawing from SCIP, they are still significant in providing suggestions to improve SCIP and SCIP training.

Case Studies of SCIP Firms

The case study component of the SCIP evaluation was designed to sample the experience and impacts of the program with a sample of participants and SCIP partners. A qualitative research approach was used to gather the widest possible range of feedback on the evaluation issues. Twenty-nine workplaces were visited in six communities. Several focus groups of employer participants and community coalition members were also held. In all some 60 employer representatives were interviewed, twelve supervisors, 50 workers, 7 coaches, 6 facilitators and 13 coalition representatives. Some difficulty was experienced in identifying changes in workplaces ascribed to SCIP versus those originating with other external training or consulting received by the employer.

Motivation for Participation

Most participants said their initial motivation to join SCIP was the financial incentive, including the desire to reduce their ongoing premiums. The availability of the low cost training was also a significant factor. For some firms recent OHS incidents or a WorkWell audit had underlined the need to improve their OHS prevention program.

Workplace Changes

Behavior - As a result of SCIP we noted an increase of awareness by participants of the importance of OHS prevention although this was more limited among workers and supervisors. Leadership was recognized as a key to successful change. Supervisors were frequently seen to be key to implementation of OHS programs. There was reluctance to discipline employees for working unsafely.

Business Process - The changes identified were uneven across the worksites visited with some showing little progress; some haven taken a few significant initiatives and others having instituted broader based change. In many firms policies had been developed and OHS manuals were completed or underway. This priority to due diligence and documentation often appeared to have a defensive, 'compliance' orientation. There was a significant move towards increased teamwork with workers recognizing their interdependence to work safely. There was also evidence of physical improvements in a

minority of sites ranging from investing in new scaffolding or conveyers to upgraded first aid and personal protective equipment. There was evidence of increased inspection activity, both formal and informal and also safety communication either between supervisor and employee or among workers. SCIP has led to the introduction of return to work programs in a number of businesses and to more tracking of 'near misses'. There was no evidence of under reporting of incidents.

Barriers - The principle barrier to change identified by participants was the lack of time and the multiple demands on the small business owner/manager. A few participants also noted the reluctance of employees to accept roles with formal responsibility for health and safety.

Business Impacts - Businesses recognized the high cost of absent employees. Many see value in the getting access to bidding opportunities by being able to meet OHS requirements and some firms saw OHS as a competitive or marketing advantage in their business. Few participants made a direct connection between OHS and general business management.

SCIP Components

Training - The content dealing with due diligence and documentation and return to work was judged helpful. Some of the content and language was too theoretical or abstract. There was a perceived bias in the content of the modules towards large, factory based businesses. Most participants appreciated flexibility and variety in group composition and meeting schedules. They would like to see more group interaction in delivery and less 'talking heads'. Many would like to able to include employees and supervisors in the training.

Coaching - On-site coaching is an important aspect of the program and most reaction was favourable. Some found it intimidating and others superficial. Clearly the success of this part of the program depends on the skills of the coach. Generally the coaching template document was judged awkward and not always applicable.

Partnerships - The information network provided by SCIP was found useful. The level of assistance from Safe Workplace Associations (SWAs) was inconsistent as charging policies and level of support service varies amongst SWAs, and by consultant. The relation of SCIP to community safety coalitions varies with the community. Some community coalitions regard SCIP as central to the work and future of their coalitions and some don't. Generally SCIP participants were uninformed of coalition activities

Accountability - A number of firms were concerned about accountability such as 'free riders' or bad apples; those firms that make no effort to improve their performance and could prevent a community from receiving a rebate.

Self-reliance - The notion of 'self reliance' is an explicit objective of SCIP. While a few participants saw themselves as becoming self reliant, most firms felt they would require some ongoing access to OHS advice and training and a stimulus to maintain their momentum given the other pressures on their time and resources.

Satisfaction with SCIP

In general SCIP received high approval ratings from its clients and started to positively shift some participant's perception of the WSIB. For more experienced firm's SCIP training provided a refresher while for others it gave a starting framework. However, most participants had suggestions for improvement in process or content.

Perception of the WSIB - One of the objectives of the program was to establish a WSIB field presence with a human face. The studies found that SCIP was viewed positively by participants, but that it was often not identified with the WSIB, but rather with the community. Participants frequently referred to a history of difficult relationships with the Board including hostile and difficult communications.

Participants' recommendations for Change

Participants had numerous recommendations for change or improvements to the program from their perspectives. These concern program content, delivery, marketing, administration, incentive design and relationships in the community and are found in Appendix D attached to Appendix 5 of this report.

Summary and Conclusions

The findings from the various methodologies demonstrate a high level of consistency on the issues identified for evaluation:

- ***Health and Safety for SCIP workers***. Data analysis showed greater reductions in injury frequency rates for SCIP employers than for the system, with no evidence from either the case studies or workers survey of under-reporting. 75% of workers surveyed report that workplaces are safer over the pilot program period while 67% say that more hazards and incidents are in fact being reported to supervisors.

- ***Changes in the Workplace.*** The case studies and workers survey identified substantial changes in many SCIP workplaces, including increases in OHS awareness among employers and workers, improved documentation/due diligence more OHS communication, implementation of return to work programs and increases in workplace inspections.

- ***Success in Developing self-reliance***. SCIP training was most often judged helpful but there are a number of areas for improvement. The availability of coaching resources was seen favourably and helpful in many (but not all) instances. The network of

qualified OHS resources/partners was seen as useful although uneven. While self-reliance was enhanced in some cases, it is clear that many employers still need support.

- ***Satisfaction with SCIP.*** Employers generally like SCIP, appreciate and value low cost training and the flexibility of delivery. Although the WSIB still appears to have a negative image for many employers, WSIB's role in SCIP was seen very positively.

In summary, the SCIP pilot has been well received and on balance has been successful in achieving desired goals, but participants identified a number of areas for improvement:

- ***Incentive design***. Issues around slow payment of rebates, and the fact that the financial incentive may be almost negligible for very small employers.

- ***Training content***. Make more relevant for small business and orient to very practical implementation. Help the small employers integrate OHS into every day business process/management.

- ***Training Delivery***. Ensure quality and consistency of facilitation.

- ***Coaching***. Ensure selection of quality coaches, and consistency of preparation.

- ***Follow-up support to small business***. Enhance co-ordination of SWAs and the establishment of local networks.

- ***Poor Performers.*** Address the issue of their accountability to their group.

- ***SCIP marketing.*** Market SCIP to non-participants more aggressively.

Appendix 1

Evaluation Discussion Paper
Prepared For SCIP Evaluation Consultation Group

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Safe Communities Incentive Program

Evaluation Discussion Paper
Prepared for SCIP Evaluation Consultation Group

Page	Title
1	Major Evaluation Issues
2	Partners in SCIP
3	SCIP Logic Model
4	Detailed Evaluation Questions
7	Evaluation Methods
9	Next Steps

Research & Evaluation Branch
Policy & Research Division

December 17, 1998

Major Evaluation Issues

The Program

SCIP is an incentive program for a participating group of small employers in a community which provides training, worksite evaluation and access to mentoring, to assist in the development of an action plan for improving health and safety in the workplace.

At the end of each year, the group will receive a refund of 75 percent of any insurance savings resulting from actual improvement in performance compared to estimated performance, based on recent past history. Each firm's share is in proportion to its WSIB premiums.

The Need for an Evaluation

SCIP is a 3 year pilot program, started in 1997 with the third year being 1999. The WSIB Board of Directors requested that an evaluation be carried out prior to renewal of the program.

Major Evaluation issues

The extent to which the health and safety performance of participating employers has improved because of SCIP.

Changes in the workplace which are the result of SCIP (awareness, attitudes, knowledge, behaviour)

The extent to which SCIP has enhanced cooperation and self-reliance among the health and safety partners

Improvements or changes which can make SCIP more effective

The next pages elaborate on these issues with detailed evaluation questions which can be answered by a range of data gathering methodologies. The evaluation issues and questions have been assembled from the October 13, 1998 brainstorming session, from WSIB Prevention Division staff and from previous research on other incentive programs (NEER, CAD 7, WorkWell)

Community Penetration

Exhibit 2-2 shows, for each SCIP community, the percentage of all eligible firms participating in SCIP for 1997 in relation to the total number of eligible firms. The range of penetration indicates a low of 1% for Owen Sound to 12% for Rainy River and 3% over all SCIP communities.

Risk of Workplace Injury

Analysis reported below compares trends in injury frequency rates for SCIP firms to comparison group (non-participating) firms. It was found that, at entry to SCIP, participating firms had higher frequency rates than the comparison group. This higher level of risk for participating firms is consistent with targeting and promotional initiatives carried out by SCIP program staff in respective communities.

Trends In Injury Frequency Rates

A review of overall trends in reported injury frequency rates for the Ontario compensation system shows a steady and significant decrease over the last ten years, which include the years of the SCIP pilot. This fact leads to the conclusion that analysis of the trends in frequency rates for SCIP firms alone is not sufficient to show impacts due to SCIP. For example, if a downward trend for SCIP firms is observed, the question arises of how much of the decrease is due to SCIP, and how much to an overall or general decrease which is occurring in any case.

The key approach used here is to develop a comparison group of non-participating firms which will be as similar to the SCIP firms as possible. We then compare trends in frequency rates for SCIP firms and the comparison group firms looking for the relative change between the two groups. For example, if frequency rates for both groups decline, the one with the steeper drop will have performed better on this measure.

As noted above, comparison groups were identified for each community. However, the observed differences in mix demonstrate the need to re-weight the comparison group firms according to the industry and size groupings for each SCIP community. The re-weighting was carried out based on employment in the respective groups.

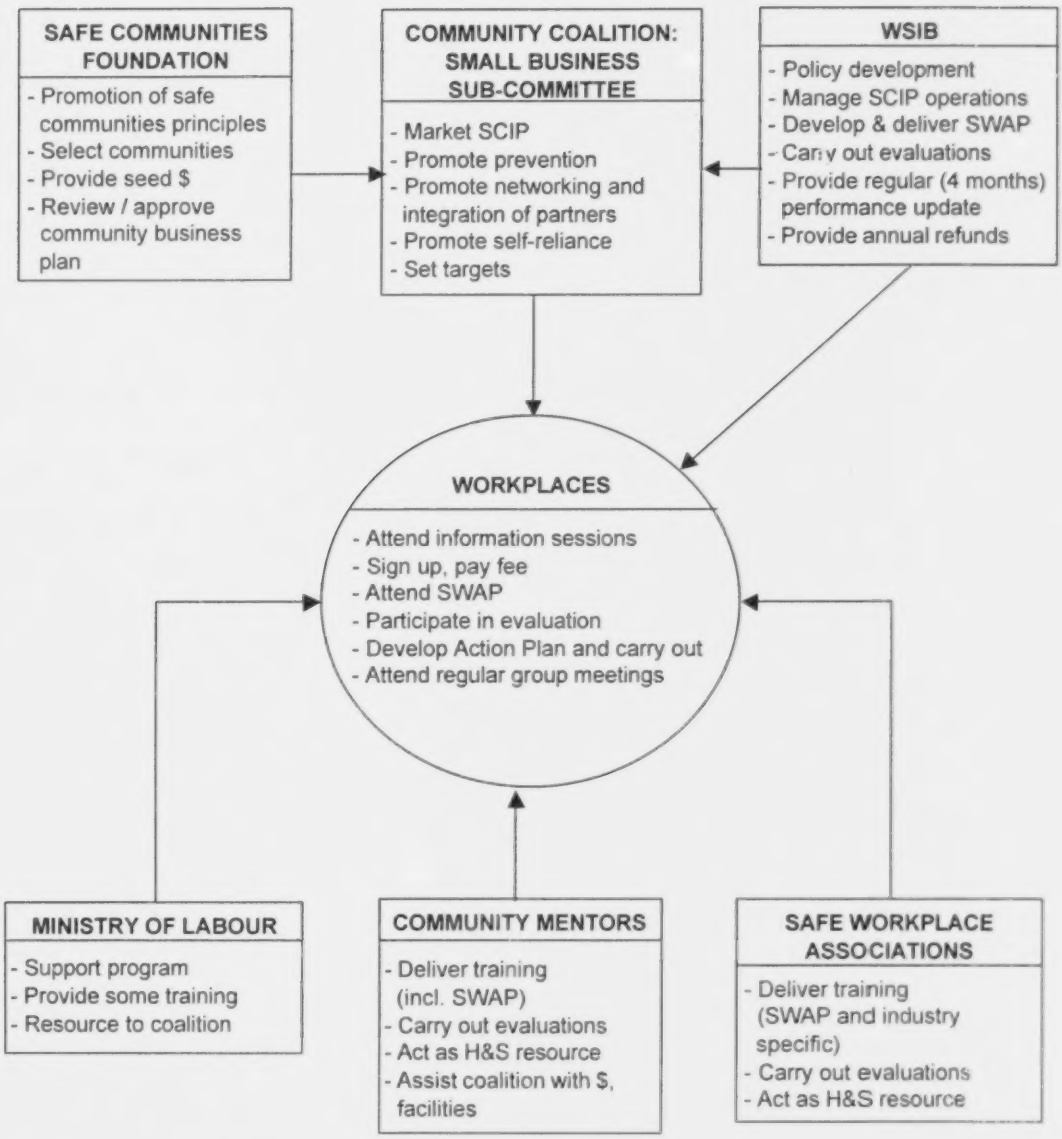
The analysis includes only 1997 SCIP communities which will have both "before" data (1995 and 1996) and "after" data (1997 and 1998). (It is deemed not appropriate to include 1998 SCIP communities because we do not have 1999 data complete yet). We thus developed a four year time series for both the SCIP and comparison group firms.

Caveats

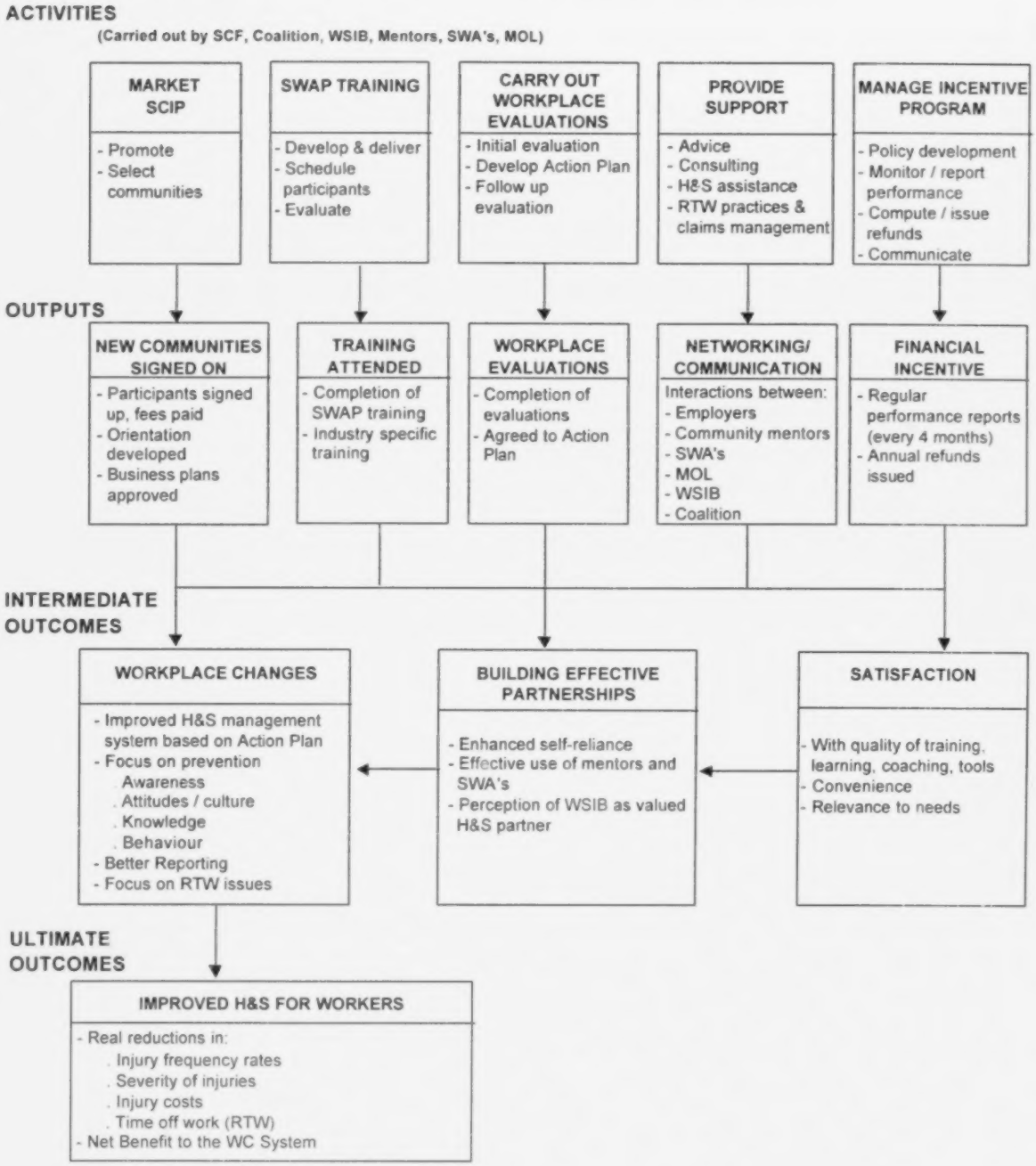
An implicit assumption in this comparison group methodology is that the SCIP firms are basically similar to the comparison group firms, except for their SCIP participation so that differences in their frequency rate trends may be ascribed to SCIP. We do know, however, that the SCIP firms were riskier at entry than the comparison group firms. Nevertheless, it is believed that, after matching the mix characteristics as closely as

Back to Partners in SCIP

PARTNERS IN SCIP


SAFE COMMUNITIES FOUNDATION
- Promotion of safe communities principles
- Select communities
- Provide seed $
- Review / approve community business plan
COMMUNITY COALITION: SMALL BUSINESS SUB-COMMITTEE
- Market SCIP
- Promote prevention
- Promote networking and integration of partners
- Promote self-reliance
- Set targets
WSIB
- Policy development
- Manage SCIP operations
- Develop & deliver SWAP
- Carry out evaluations
- Provide regular (4 months) performance update
- Provide annual refunds
WORKPLACES
- Attend information sessions
- Sign up, pay fee
- Attend SWAP
- Participate in evaluation
- Develop Action Plan and carry out
- Attend regular group meetings
MINISTRY OF LABOUR
- Support program
- Provide some training
- Resource to coalition
COMMUNITY MENTORS
- Deliver training (incl. SWAP)
- Carry out evaluations
- Act as H&S resource
- Assist coalition with $, facilities
SAFE WORKPLACE ASSOCIATIONS
- Deliver training (SWAP and industry specific)
- Carry out evaluations
- Act as H&S resource

SCIP LOGIC MODEL
LINKS PROGRAM ACTIVITIES TO INTENDED OUTCOMES



Back to Evaluation Issues

Detailed Evaluation Questions

The following are intended, as much as possible, to be grouped around the major evaluation issues:

1. Real Improvements in Health and Safety performance (Ultimate Outcome)

- Did injury rates go down? Did severity and cost of injuries decrease?
- If yes, what are the reasons?
  - SCIP?
  - changes in reporting practices
  - other initiatives/factors
- What is the net impact on WSIB (incorporating refunds, administrative costs)?

2. Workplace changes (Intermediate Outcome)

The evaluation questions in this group relate not only to evidence of workplace changes, but also to the effectiveness of the main instruments intended to bring about these changes (i.e. SWAP and other training, and the workplace evaluations). Questions on enhancement of self-reliance are explored in 3. "Enhanced cooperation and Self-Reliance", below.

Employer awareness, attitudes, knowledge, behaviours

- have awareness and attitudes to the importance of H&S to their operation improved as a result of SCIP?
- do employers have a better knowledge of effective systems to manage H&S in their operations?
- have employers made changes to their workplace H&S management systems as a result of SCIP, and to what extent?
- how strongly do employers feel the financial incentive is? Did employers make changes because of the financial incentive?

SWAP

SWAP is an extensive training program (5 modules) required of SCIP participants shortly after entry to the program. Evaluation questions can include issues of satisfaction/reaction, learning, transfer and impact on the ultimate objective of SCIP, to reduce work injury. Research in some SCIP communities has been carried out on before/after learning. Key questions include:

- aspects of delivery (facilitator training, format, etc.)
- do employers feel SWAP training is worthwhile?

- did employer's knowledge of H&S management increase due to SWAP?

- did SWAP training cause improvements in workplace H&S management systems and to what extent?
- were there other beneficial side effects of SWAP?

Workplace Evaluations

- to what extent, and how, did the evaluation process assist employers in making change to H&S management systems/practices/conditions/behaviours
- are their noticeable improvements to be seen in before/after comparisons of the evaluations?
- how useful were the Action Plans developed after the first evaluation? What is the status at year 2 of year 1 action items?

3. Enhanced Cooperation and Self Reliance (Intermediate Outcomes)

Employers

- do employers feel they have access to information, tools, and assistance they need to improve and to become more self-reliant with respect to health and safety management?
- did they receive other training (besides SWAP), was it useful, and did they make changes, as a result?

Mentors

- do employers feel mentors have made a valued contribution to their health & safety management program?
- has the interaction been sustained?
- do mentors feel equipped to give the assistance SCIP requires?

SWAs

- do employers feel SWAs have made a valued and sustained contribution?
- do SWAs feel equipped to give the required assistance?

WSIB

- to what extent did the community coordinator affect the success of the program?
- do employers, and the other parties, feel WSIB is a valued partner in the community, and in prevention and return to work as a result of SCIP?

Partnerships and Self-Reliance

- is there vital and ongoing networking, communication and cooperation among the various parties
- do the parties feel that progress has been made in strengthening partnerships, integrating their services and enhancing self-reliance in the community?
- to what extent did the larger community based program designated by the Safe Communities Foundation contribute to the success of SCIP, and vice versa?

4. Improvements/changes to SCIP

Rationale

- should workers be involved more directly?
- how does SCIP compare to other similar programs (e.g. Alberta)
- when is a group too small?

Incentive Design

- do employers understand it?
- is the 75% factor still appropriate?
- how can the incentive be strengthened? Should individual results be provided to group?
- is the size threshold still appropriate?
- are the eligibility criteria still appropriate?

Participation/Marketing

- are employers in the community aware of SCIP?
- why did eligible employers not come to info session and not sign up?
- why did eligible employers come to info session and not sign up?
- what were reasons employers did sign up?
- what approaches would increase uptake?
- why have some employers dropped out?

Administrative Capacity/Sustainability

- what are the implications for WSIB of potential growth in the number of communities, and employers, in the program?
- what is the ongoing role of the Foundation?

Evaluation Methods

The range of detailed evaluation questions suggests that feedback must be obtained from most participants/partners in the program in addition to analysis of the workplace evaluations, and of WSIB data. It is suggested that a mixture of the following multiple lines of evidence is necessary to answer the diversity of questions identified.

Background Literature Review/Fact Finding

- SCIP research previously carried out (results; provides input to possible survey questions)
- relevant literature on H&S intervention research
- update on similar programs (e.g. Alberta)

Focused Interview Program

- using a prepared interview check list
- Evaluators, mentors, SWAs, MOL, WSIB staff, coalition
- these should be chosen to cover the SCIP communities
- the interview topics include items from each of the 4 main evaluation issue areas, as appropriate, and would reflect each partner's respective role and perceptions

Focus Groups

- another methodology to gather information on changes in awareness, attitude, knowledge, behaviours, impact of incentive
- perhaps most appropriate for participating Employers in a community, and could be held as one of the regular meetings
- could also apply to evaluators, SWAP facilitators, mentors, WSIB staff
- open-ended nature of focus groups provides a better understanding of how the various components of SCIP interact to produce desired change

Case Studies

- review of data might suggest firms in various communities with significant improvement which would be candidates for detailed case studies
- each case study would include interviews of all relevant parties to investigate reasons for trends, contribution of SWAP and evaluations, and other success factors
- would require consent of employers

Survey of Employers

- could be an alternative to focus groups for participating employers
- probably the best way to approach firms who did not sign up
- special surveys of SWAP attendees devoted primarily to SWAP issues may be

desired, carried out on before/after basis, covering reaction, learning and transfer levels

Survey of Workers of SCIP employers

- this survey would prove workers' perceptions of changes and improvements in the workplace H&S system/practices/conditions over the SCIP pilot period
- would be complementary to employers' feedback
- alternatively could be accomplished as part of detailed case studies described above
- identification of workers in each company may be an issue

Analysis of Evaluation Results

- every effort should be made to link and analyze the initial and follow-up evaluations. Confidentiality of results of individual firms would be assured
- it is important to make before/after comparisons in the workplaces, and to check statuses in year 2 of year/Action Plan items

Analysis of WSIB accident/injury data

- these represent the main "hard" data on the achievement of the ultimate outcome of reduced work injury. There are many confounding factors which must be dealt with in this analysis
- review trends (before/after intervention) in frequency rates, WSIB, return to work (off benefits or duration proxy), by firm, and by community
- the key challenge is to identify the most appropriate comparison group for each community

Linkages

- wherever possible, firm specific data should be linked: WSIB data, survey/focus group results, SWAP survey feedback, evaluations analysis
- such linkages provide better understanding of the operation of the program and what works/does not work

Cost-benefit analysis

- would assess the net impact on the WSIB system of injury cost savings, and program administrative costs taking into consideration existing experience rating plans

Next Steps

- identify timing issues:
- date when evaluation report is required
- date evaluation plan required, and approval steps
- obtain a sense of the size of budget available for the evaluation
- assess, if appropriate, the relative importance of the major evaluation issues (has evaluation budget implications)
- where necessary, investigate the feasibility of the various evaluation methodologies
- provide more detailed estimates of the costs of the various evaluation methodologies
- investigate collaborators in design, and in implementation of the research methodologies
- obtain approval to proceed
- complete workplan and initiate

Appendix 2 – Analysis Of WSIB Data

Objectives

The analysis of WSIB data focussed on two areas:

- Analysis of the mix of employers participating in SCIP in comparison to the mix of eligible employers. This analysis is important in determining whether SCIP appealed uniformly to all eligible employers and thus can assist in improving marketing/targeting initiatives for current and future SCIP communities.

- Analysis of trends in injury frequency rates for employers participating in SCIP. The evaluation issue is to determine the extent to which injury frequency rates for participating SCIP employers improved when compared to similar groups of non-participating employers. (Injury frequency rates for a firm may be defined as the ratio of the number of reported claims to the number of workers in the firm in a given year). This is a key evaluation issue given the prevention focus of SCIP.

Employer Mix/Targeting Analysis

Firms in a SCIP community with annual WSIB premiums less than $90,000 are eligible to participate in SCIP. For the present analysis, industry sector and firm size data were gathered from WSIB data for each participating firm, and for all other eligible (non-participating) firms. Analysis of the mix of industry and firm size was carried out for each SCIP community, and for the system as a whole.

Exhibit 2-1 provides distributions for industry groupings and firm size for both participating firms, and the comparison group of all eligible firms for 1997.

Industry mix

It can be seen that from Exhibit 2-1 that:

- Natural resource industries are under-represented in SCIP (2% versus 11% in the comparison group)
- Manufacturing industries are over-represented in SCIP (22% versus 9%)

All other major industry groupings have similar proportions in the SCIP and comparison groups.

Firm size

With respect to firm size, the "very small" under 10 size is significantly under-represented in SCIP (40% versus 87% in the comparison group). Thus SCIP has tended to focus on larger firm sizes, within the $ 90,000 premium limit.

possible, the comparison of the relative trends is appropriate and useful. Other caveats include the short time series (four years) and the generally understood volatility of frequency rates for small firms, and also for small groups of firms.

Results

Exhibits 2-3 and 2-4 show the results of the frequency rate trend analysis for the three SCIP communities joining the program in 1997. Exhibit 2-3 shows trends in lost time frequency rates, and Exhibit 2-4 shows trends in no lost time frequency rates.

Each individual graph shows trends for the SCIP firms and for the comparison group firms in the respective community. It can be seen that :

- By and large, all trends show decreases
- SCIP firms have greater frequency rates than their respective comparison group firms
- The "gaps" between the SCIP firms and the comparison group firms narrow and are smallest in 1998. (Except for Peterborough no lost time claims. However, the gap does show a decrease for 1998 over 1997).

Thus, the decreases in frequency rates have been greater (steeper) than the corresponding decreases for the comparison group. In other words, over the program period, the frequency rates for SCIP firms have improved to a greater extent than those for the comparison group and provides evidence of a health and safety impact of SCIP in the desired direction of fewer workplace injuries.

Back to Analysis of WSIB Data | Back to Employer Mix/Targeting Analysis

EXHIBIT 2-1
TARGETING: SCIP FIRM CHARACTERISTICS VERSUS COMPARISON GROUP

DISTRIBUTION OF FIRMS BY INDUSTRY GROUPINGS

INDUSTRY GROUPINGS	COMPARISON GROUP	%	SCIP	%
Natural Resources Industries	2,342	11.4	14	2.3
Manufacturing Industries	1,862	9.0	133	21.6
Construction Industries	4,253	20.7	137	22.2
Transportation, Communication & Other Utilities Industries	1,224	5.9	42	6.8
Wholesale & Retail Trade Industries	5,189	25.2	138	22.4
Services, Finance, Insurance & Real Estate Industries	5,708	27.7	152	24.7
TOTAL	20,578	100.0	616	100.0

DISTRIBUTION OF FIRMS BY FIRM SIZE

FIRM SIZE	COMPARISON GROUP	%	SCIP	%
Very Small (0 to less than 10)	17,859	86.8	247	40.1
Small (10 to less than 20)	1,455	7.1	110	17.9
Medium (20 to less than 100)	1,189	5.8	224	36.4
Large (100 and over)	75	0.4	35	5.7
TOTAL	20,578	100.0	616	100.0

Note: Comparison group firms are based on postal codes for SCIP communities and have1996 and 1997 assessment up to $90,000.
Industry groupings are based on 1980 standard industrial classification.
Firm size is based on the firm's estimated number of employees in 1997.

Back to Community Penetration

EXHIBIT 2 – 2

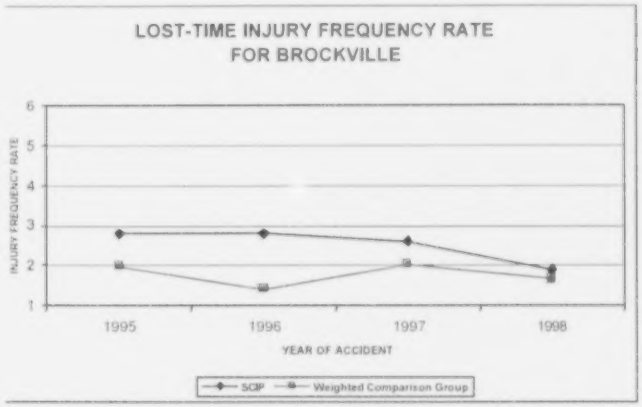
SCIP Community Penetration

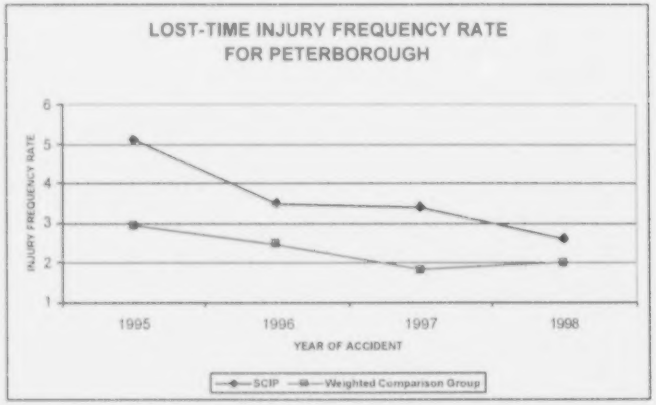
Community	Percent of Eligible Firms in SCIP
Rainy River	12.2
*Brockville	6.8
Sarnia	6.0
Belleville	4.9
Kingston	2.7
*Peterborough	2.2
Smiths Falls	1.9
Ajax/Pickering	1.7
*Waterloo	1.4
Owen Sound	1.1
TOTAL (631/21,209x100)	3.0

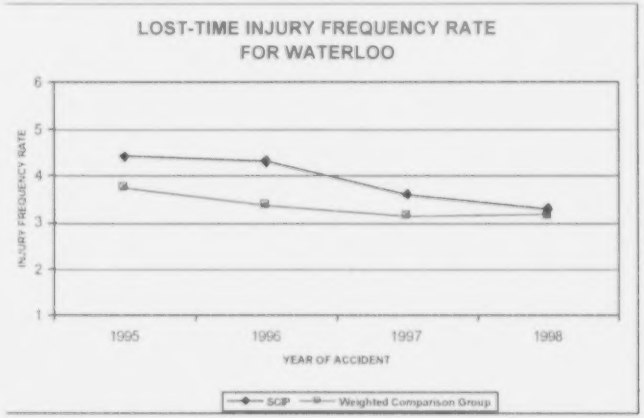
(* 1997 Community)

Back to Health & Safety Performance of SCIP participants | Back to Appendix 2, Results

EXHIBIT 2-3
1997 COMMUNITIES: LOST-TIME INJURY FREQUENCY RATES FOR SCIP FIRMS & COMPARISON GROUP FIRMS



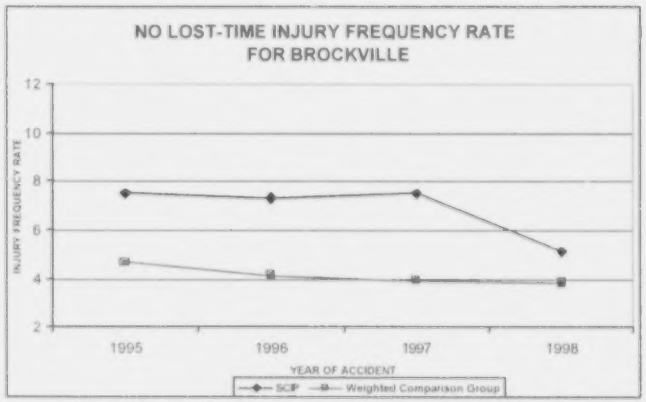


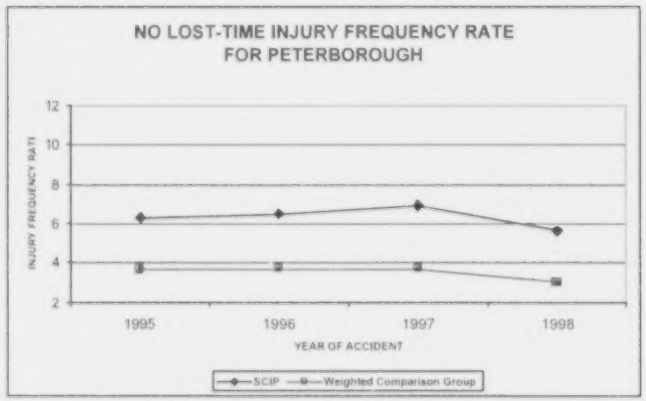


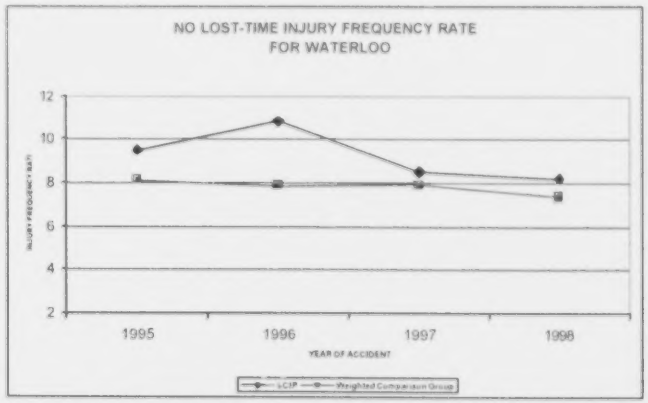
otes: Allowed lost-time claims from Mapas as of January 31, 1999 for firms that were active during 1995 to 1998.
Weighting factor is based on percentage distribution of estimated # of employees for SCIP firms by firm size in 1997 and industry groupings.

Back to Analysis of WSIB Data | Back to Health & Safety Performance of SCIP participants
Back to Appendix 2, Results

EXHIBIT 2-4
1997 COMMUNITIES: NO LOST-TIME INJURY FREQUENCY RATES FOR SCIP FIRMS & COMPARISON GROUP FIRMS







Notes: Allowed no lost-time claims from Mapas as of January 31, 1999 for firms that were active during 1995 to 1998.
Weighting factor is based on percentage distribution of estimated # of employees for SCIP firms by firm size in 1997 and industry groupings.

Appendix 3

SCIP Injured Workers Survey

Back to Evaluation Methodologies

Appendix 3 – SCIP Injured Workers Survey

Objectives

The objectives of the SCIP Injured Workers Survey were the following:

- To identify changes around health and safety performance; and
- To explore whether health and safety changes have occurred in the workplace, in the past two years, in knowledge, behaviour, perceptions and attitudes of workers;

Methodology

The following is a detailed discussion of the sample selection process and a description of the sample; conduct of the study; and description of the survey instrument. A copy of the questionnaire is also attached.

Sample and Conduct of Study

The sample of injured workers is a proxy for all workers since the latter group was considered too difficult to reach. This task was considered potentially unfeasible since there were no lists of all employees of SCIP firms available to the researchers. Furthermore, in discussions with the Consultation group, researchers concluded that a selection bias might occur if they attempted to contact employers for their employee lists. In response, researchers sampled workers in all SCIP communities who had a workplace accident, but had also returned to their pre-accident place of employment in the program period. It was expected that these workers would be able to comment on workplace change in the pilot program period.

A total of 540 injured workers were sampled equally between the 1997 and 1998 SCIP communities: 49 % were employed with firms joining in 1997 (Brockville; Peterborough; and Waterloo) and 51 % were employed with firms joining in 1998 (Ajax/Pickering; Belleville; Kingston; Owen Sound; Rainy River; Sarnia/Lambton; and Smiths Falls). All respondents had previously either had a Lost Time (LT) or a No Lost Time (NLT) claim with the WSIB: 38 % and 62 %, respectively. Of those who had a LT claim, 90 % reported that they had lost four weeks or less. The remaining 10 % lost greater than four weeks. These findings further show that, in the end, a high proportion of injured workers had actually had a less serious injury, and therefore, may be hypothesized to have fewer concerns with their employers or the WSIB claims process.

It was important that respondents have two or more years of work experience with their present SCIP employer, so that they could answer questions about changes in their workplace on health and safety. Most respondents were screened out if the number of years worked with their SCIP employers was less than two. Hence, the majority of workers (95 %) reported they had been working for their accident employer for two years or more when they had their accident. Of these, 47 % stated that they had been working with their employers for seven years or more. About 5 % of injured workers who had

worked for their employer for 13 to 23 months were not screened out of the survey because their workplace accidents had occurred early in their employment and also because they had lost very little time from work after their accidents.

Finally, it was found that many of the respondents were employed in firms defined as medium (20 to 99 employees) and large (100 or more employees): 61 % and 23 %, respectively. The remaining were either employed in very small (0 to 9 employees), or small firms (10 to 19 employees): 6 % and 10 %, respectively. While these findings are somewhat surprising given that SCIP is directed at small firms, it nevertheless is supported by the analysis of WSIB data on the types of firms targeted for SCIP, that is, that very small firms are under-represented and larger firms sizes are over-represented (See Appendix 2).

Description of Questionnaire

The workers' survey explored whether health and safety changes had occurred in the workplace, in the past two years, as a result of SCIP. Changes in behaviour and perceptions were examined through a series of "yes/no" categorical questions. Respondents were also allowed the opportunity to add further comments on any "other" scenarios not addressed in the survey (Attached to this appendix is a copy of the questionnaire).

Results

Findings on Health and Safety Performance and Changes in Health and Safety Behaviour – Detailed findings on health and safety performance, reporting practices and changes in awareness, attitudes, behaviour and communications initiatives (e.g. health and safety training) are reported in the attached Tables of Findings (Exhibit 3-1, 3-2, and 3-3). These tables report the findings for many of the questions in the survey. Questions that were very similar in scope and response to already existing ones were omitted to avoid redundancies.

Responses to categorical questions - Responses to the categorical questions were mixed. Overall, the percentage of workers responding "yes" to questions querying workplace health and safety changes ranged from 28 % to 91 %. Furthermore, about 73 % of these categorical questions were answered by a "yes" response in 50 % or more of workers. In contrast, about 27 % of these questions were answered by a "no" response in 50 % or more of workers. This finding suggests that many of the queried health and safety changes (behaviours and perceptions) were experienced by a majority of respondents over the pilot program period.

Interpretation of Findings - These findings use a cut-off point of 50 % to show the existence (or not) of health and safety changes, as reported by workers. In assessing the importance of the survey findings, it was decided that any questions receiving a response of greater than 50 % be interpreted as a "majority" finding. This cut-off point is used in the absence of any other baseline data which might be used to interpret survey results of

this nature. Furthermore, it could be used to form a baseline for comparison with future survey findings.

"Other" Categories - Workers responding to "other" categories reported negative comments quite infrequently. Only 8 % of respondents made negative comments about the health and safety environment in their workplace. Upon closer examination of the categorical responses of these workers, it was found that they also responded negatively to 51 % of the questions on workplace health and safety changes. Examples of "other" (negative) comments are:

- health and safety is non-existent or the same as before;
- small business owners do not care about health and safety;
- employers push production more than safety;
- workers do not know who to talk to about the lack of health and safety in their workplaces, or are afraid to speak up; and
- workers who refuse to work due to unsafe conditions will be laid off.

Summary

The findings are instrumental in illustrating that the majority of injured workers report positive changes on many of the indicators measuring changes in health and safety over the pilot program period.

In fact, it was found that 73 % of questions were answered by a "yes" response by the majority of workers, further indicating that these workers have experienced many health and safety changes.

The attached Tables of Findings (Exhibits 3-1, 3-2, and 3-3) also identify the workplace changes reported by injured workers, including those that were not frequently experienced, as well as those that were more predominant. Several key results reflect on health and safety in the SCIP workplaces. For example, high numbers of injured workers report that:

- The workplace has become safer over the past two years (75.2 %);
- Workers talk to their supervisors about safety hazards (90.6 %); and
- Supervisors communicate to workers about health and safety changes (71.5 %).
- Workers report hazards and incidents more (67.1%).

Exhibit 3-1

SCIP - WORKERS' SURVEY FINDINGS

WORKPLACE CHANGES	% Yes
Changes in Overall Perceptions (past two years)	
Q16. Workplace safer over last two years	[S]75.2%[7]
Q8G. Aware of safety for self and co-workers	[ML]75.0%
Q21. H&S rep/committee has become more active	73.3%
Q18. Employer encourages worker to be more safe	[S]69.4%
Q22. Employer has changed general attitude on H&S	68.3%
Q6. New policy is better than old one	[S]67.5%
Q17. Employer makes worker aware of safety	[S]67.2%
Q9J. Safety rules are better	[S]65.9%
Q9E. Safe working procedures are in place	65.6%
Q5. Awareness of new policy or rules on H&S	63.9%
Q8C. Know what you need to do to be safe	60.6%
Q7. Worker has been asked to do job in a safer way	[S]60.3%

[7] *Percentage who said yes is higher in 1997 group by 5 %.*
[B] *Percentage who said yes is higher in 1998 group by 5 %.*
[S] *Percentage who said yes is higher in small employers (0-19 employees) by 5 %.*
[ML] *Percentage who said yes is higher in medium/large employers (20-over 100) by 5 %.*
NOTE: Where there is no indicator, both groups report "yes" relatively equally.

Exhibit 3-2

SCIP - WORKERS' SURVEY FINDINGS

WORKPLACE CHANGES	% Yes
Behaviour Changes (past two years)	
Respondent	
Q20A. Worker talked to supervisor about safety hazard	90.6%
Q20E. Worker spoke up more often than before about hazard	68.0%
Q8B. Report hazards or dangerous situations	55.0%[8]
Q8D. Feel comfortable talking to supervisor about safety	53.5%[8]
Q8H. Now work safe, not fast	53.3%
Q8A. Report an incident where someone almost hurt	[ML]37.4%[8]
Q20F. Worker stopped working because of safety hazard	28.0%[7]
Q8F. More involved with union on safety issues	[ML]23.0%
Others	
Q9N. Workers report hazards and incidents more	67.1%
Q9A. H&S reps more available	67.0%
Q9L. First aid is more available	63.3%
Q9K. Company hangs up safety signs	63.0%
Q19. Workplace is checked more often for hazards	[S]62.8%
Q9M. Supervisor advises to wear personal protective equip.	58.0%
Q9D. Supervisor reminds worker to be safe	[S]54.1%[8]
Q9B. Joint H&S committee works differently	[ML]48.3%
Q9H. Near-misses reported more often by supervisor	46.5%

[7] *Percentage who said yes is higher in 1997 group by 5 %.*
[8] *Percentage who said yes is higher in 1998 group by 5 %.*
[S] *Percentage who said yes is higher in small employers (0-19 employees) by 5 %*
[ML] *Percentage who said yes is higher in medium/large employers (20-over 100) by 5 %*
NOTE: Where there is no indicator, both groups report "yes" relatively equally.

Exhibit 3-3

SCIP - WORKERS' SURVEY FINDINGS

WORKPLACE CHANGES	% Yes
Changes in Communication/Training (past two years)	
Q10A. Supervisor told worker of H&S changes	[S]71.5%[8]
Q10D. Received company reminder/memo on changes	[ML]70.5%
Q10B. Worker learned of changes at a company meeting	[S]67.2%
Q9G. More equipment training on safety	[S]60.9%
Q15C. Employer gave worker reading material	60.8%
Q9F. More employee training on safety	60.0%
Q15B. Received on-the-job training	57.2%
Q11. Workers attended H&S presentations	57.2%
Q9I. More supervisor training on safety	51.8%[7]
Q15D. Training done by an external trainer	51.6%
Q10G. Learned of changes through Joint H&S pamphlets	[ML]49.2%
Q10E. Read about changes in new safety rule book	48.2%[7]
Q15A. Received in-classroom instruction	[S]44.8%
Q10C. Co-worker trained worker on H&S changes	[ML]39.6%
Q10H. Learned of changes through union	[ML]15.0%

[7] *Percentage who said yes is higher in 1997 group by 5 %.*
[8] *Percentage who said yes is higher in 1998 group by 5 %.*
[S] *Percentage who said yes is higher in small employers (0-19 employees) by 5 %.*
[ML] *Percentage who said yes is higher in medium/large employers (20-over 100) by 5 %.*
NOTE: Where there is no indicator, both groups report "yes" relatively equally.

SCIP
Workers' Survey

Record (Do not read):

Name: _____

Claim No.: _____

Telephone No.: (_____) _____

City/Location of company (SCIP Community): _____

Date of Interview: _____
Month / Day / Year

Time started: _____

Time ended: _____

Survey Introduction

Good afternoon/evening, my name is _____. I am with the Workplace Safety and Insurance Board. May I speak with _____? Today, I'm calling to ask you how you feel about workplace safety. The survey will take about 10 minutes and will provide us with valuable information.

Can you answer the questions now?
(If YES, continue. If NO, arrange another time _____ a.m./p.m.)

Preliminary Instructions

Respondent Anonymity (Please read to respondent)

Before we begin, I want to tell you that all your answers to the following questions will be confidential. The information you provide will be combined with all other answers to form a report. Your answers will not be identified individually, related back to the company you work for, nor will your company be identified in any way. The information you provide will not affect your claim in any way.

Your name has been randomly selected from a list of people who are working in companies that are trying to make their workplaces safer. I would like to ask you a number of questions about your experiences at work.

Interviewer note: if respondent asks for verification of the validity of the study, please ask them to call Robert Kenedy, Research and Evaluation Branch, (416) 344-4224 or toll free at 1-800-387-5540 ext. 4224

** Interviewers should only read what is written in bold*

Section 1: Screening Questions

1. **Are you still working for the company in which you had your workplace accident of (date)_____?**

Yes	1	(Go to Qn 2)
No	2	(end interview)
Don't Know	8	(end interview)
Does Not Apply/Refused	9	(end interview)

2. **How long did you work for this company when you had your accident?** (Do not read)

1 year or less	1	(end interview)
13 months to 23 months	2	(end interview)
2 to 3 years	3	(Go to Qn 3)
4 to 6 years	4	(Go to Qn 3)
7 to 9 years	5	(Go to Qn 3)
10 years or more	6	(Go to Qn 3)

3. **Have you returned to work since your accident?**

Yes	1	(Go to Qn 4)
No	2	(end interview if accident date was before Dec. 1, 1998)
Don't Know	8	(end interview)
Does Not Apply/Refused	9	(end interview)

4. **How much time did you lose from work after your accident?** (Do not read)

4 weeks or less	1	(Go to Qn 5)
5 to 8 weeks	2	(Go to Qn 5)
9 to 12 weeks	3	(Go to Qn 5)
13 to 16 weeks	4	(end interview)
17 to 20 weeks	5	(end interview)
21 to 24 weeks	6	(end interview)
25 weeks or more	7	(end interview)

Section 2: Health And Safety

In this first section, I am going to ask you a few questions about health and safety in your workplace. Please remember that everything you say will be kept in the strictest of confidence.

5. **Do you know whether there is a new policy or new rules at your work, which deal with health and safety? This policy would have been developed over the last two years.**

Yes	1	(go to Q6)
No	2	(skip to Q7)
Don't Know	8	(skip to Q7)
Does Not Apply/Refused	9	(skip to Q7)

6. **Do you think this new Health and Safety policy is better or worse than the last policy your company had, or is it the same?** (Do not read)

Better	01	
Worse	02	
Same	03	
Other	97	(specify)_____
Don't Know	98	
Does Not Apply/Refused	99	

7. **Have you been asked to do your job in a safer way by your employer/supervisor, in the past two years?**

Yes	1
No	2
Don't Know	8
Does Not Apply/Refused	9

8. **What do you do now that is different than what you used to do before? Please answer yes or no to the following.**

	Yes	No	D/K	NA/R
You report an incidence where someone almost got hurt	1	2	8	9
You report hazards or dangerous situations	1	2	8	9
You now know what you need to do to be safe	1	2	8	9
You feel comfortable talking to your supervisor about safety	1	2	8	9
You read the Health and Safety rulebook	1	2	8	9
You are more involved with your union on safety issues	1	2	8	9
You are more aware of safety for yourself and your co-workers	1	2	8	9
You now work safe, not fast	1	2	8	9

Are there any others that I have not mentioned?

Other (specify) _____

9. **Again, thinking about the changes your employer/supervisor has made over the last two years to make your work safer, what is different about your workplace now? I am going to read you a list. Please answer yes or no to the following.**

	Yes	No	D/K	NA/R
Health and Safety reps are more available	1	2	8	9
Joint Health and Safety committee works differently	1	2	8	9
Joint Health and Safety pamphlets are handed out	1	2	8	9
Your supervisor reminds you to be safe	1	2	8	9
Safe working procedures are in place	1	2	8	9
More employee training on safety	1	2	8	9
More equipment training on safety	1	2	8	9
Incidences where someone almost got hurt are reported more often by employer/supervisor	1	2	8	9
More supervisor training on safety	1	2	8	9
Safety rules are better	1	2	8	9
Your company hangs up safety signs	1	2	8	9
First aid is more available	1	2	8	9
Your supervisor asks you to wear personal protective equipment	1	2	8	9
Workers report hazards and incidents more	1	2	8	9

Are there any others that I have not mentioned?

Other (specify) _____

******If yes is answered to any of the above, go to Q. 10 or skip to Q. 11******

10. **Thinking of the changes you mentioned before, how did you learn about these new changes? I'm going read you a list, please answer the following.**

	Yes	No	D/K	NA/R
Your supervisor told you	1	2	8	9
At a company meeting	1	2	8	9
A co-worker trained you	1	2	8	9
You received company reminders or memos	1	2	8	9
You read about them in the new safety rulebook	1	2	8	9
You have new safety signs in your company	1	2	8	9
Through the Joint Health and Safety committee pamphlets	1	2	8	9
From your Union	1	2	8	9

Are there any others that I have not mentioned?

Other (specify) _____

11. **Have you been to any Health and Safety presentations, at your work, in the past two years?**

Yes	1	(go to Q12)
No	2	(skip to Q15)
Don't Know	8	(skip to Q15)
Does Not Apply/Refused	9	(skip to Q15)

12. **Did you find the Health and Safety presentations helpful?**

Yes	1
No	2
Don't Know	8
Does Not Apply/Refused	9

13. **Are you allowed to participate in the Health and Safety presentations by asking questions and offering solutions?**

Yes	1	(skip to Q15)
No	2	(go to Q14)
Don't Know	8	(skip to Q15)
Does Not Apply/Refused	9	(skip to Q15)

14. **Why are you not allowed to participate in the Health and Safety presentations?** (Specify)

_____

Don't Know 98
Does Not Apply/Refused 99

15. **Have you received any of the following Health and Safety training over the past two years? I am going to read you a list. Please answer yes or no to the following.**

	Yes	No	D/K	NA/R
In classroom instruction	1	2	8	9
On the job training	1	2	8	9
Employer/supervisor gave you reading material	1	2	8	9
Training done by an external trainer	1	2	8	9

Are there any others that I have not mentioned?
Other (specify) _____

16. **Has your workplace become safer over the last two years?**
Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

17. **Does your employer or supervisor make you more aware of safety issues than they did two years ago?**
Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

18. **Does your employer or supervisor encourage you more now than in the past two years to be safe at work?**
Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

19. **Is your workplace checked more often now, for safety hazards, or potentially dangerous situations, than in the past two years?**
Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

20. **I am now going to read you a list of things you could do to make others, at your work, aware of safety hazards. Please specify whether you have done any of the following, in the last two years, by answering yes or no.**

	Yes	No	D/K	NA/R
You talked to your supervisor about a safety hazard	1	2	8	9
You reported hazards to a Health and Safety rep	1	2	8	9
You reported hazards to a Joint Health and Safety committee	1	2	8	9
You wrote up a report describing an incident where someone almost got hurt	1	2	8	9
You spoke up more often than before	1	2	8	9
You stopped working	1	2	8	9

Are there any others that I have not mentioned?
Other (specify) _____

21. **Has your Health and Safety representative or committee become more active in the past two years? By active, I mean more involved with safety issues.**

Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

22. **Do you think that your employer or supervisor have changed their general attitude on health and safety, in the past two years?**

Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

Section 3: Profile Of Injured Worker

In this last section, I will be asking you questions about the type of business that you work in. Please remember that your answers will never be identified individually, and that they are only used for the purpose of forming a summary report.

23. What type of business are you in? (Specify)

_____

Don't Know 98
Does Not Apply/Refused 99

24. Can you estimate how many employees work in the company that you work for? (Specify number)

_____ _____

Don't Know 98
Does Not Apply/Refused 99

25. Are you currently full-time, part-time, contract, or are you still off work because of your injury? (Do not read)

Full-time	1	(Go to Qn 27)
Part-time	2	(Go to Qn 27)
Contract	3	(Go to Qn 27)
Off work due to injury	4	(Go to Qn 26)
Don't Know	8	(Go to Qn 27)
Does Not Apply/Refused	9	(Go to Qn 27)

26. Do you think you will be returning to work with your accident employer?

Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

27. What is your position or job in the company? (Do not read)

Machine operator	01	
Assembly line worker	02	
Lead Hand	03	
Worker	04	
Supervisor	05	
Other	97	(specify)_____
Don't Know	98	
Does Not Apply/Refused	99	

28. What shift do you work? (Do not read)

Day	01	
Night	02	
Other	97	(specify)_____
Don't Know	98	
Does Not Apply/Refused	99	

29. Are you in the union?

Yes 1
No 2
Don't Know 8
Does Not Apply/Refused 9

30. **Do have any other comments about Health and Safety in your workplace?** (Specify)

_____

Don't Know.....98
Does Not Apply/Refused.....99

That takes us to the end of the survey. Thank you for taking the time to complete this survey.

If you have any questions about the validity of the study, please call Robert Kenedy, Research and Evaluation B, (416) 344-4224 or toll free at 1-800-387-5540 ext. 4224

Have a good afternoon/night.

Good-bye.

Appendix 4

Survey of Employers who Withdrew from SCIP

Back to Evaluation Methodologies

Appendix 4 – Survey of Employers who Withdrew from SCIP

Objectives

The objectives of the Survey of Employers who Withdrew from SCIP were the following:

- To gauge the reasons for joining SCIP;
- Satisfaction with the SCIP Training;
- Reasons for withdrawing from the SCIP program; and
- To assess the potential for joining SCIP in the future.

Methodology

The following is a brief discussion of the sample and conduct of the study. A copy of the survey is attached.

Sample

The sample consisted of 59 employers who were previously registered with SCIP, but later withdrew from the program after completing from two three modules of SCIP training.

Conduct of Study

The sample of employers was provided to the Research and Evaluation Branch from the Prevention Division. All employers were called and asked to complete a short qualitative survey gauging their reasons for initially joining SCIP, their satisfaction with the SCIP training program, their reasons for withdrawing from SCIP, and the potential for joining SCIP in the future. All of the questions were open-ended, often eliciting conversations about the issues at hand.

Qualitative methods, such as these, are particularly advantageous when attempting to uncover and understand what lies behind any phenomenon about which little is yet known. In this case, it provided deeper insights into why employers withdrew from SCIP.

Description of Questionnaire

The survey began by screening out any potential respondents who were not responsible for health and safety issues, and therefore did not attend the SCIP training. Only appropriate SCIP participants were included in the survey.

The survey then asked respondents how they had heard about SCIP and what induced them to join. The survey addressed further issues about SCIP training, such as, what they liked most about the training; what they liked least; and whether respondents withdrew from the program during these training sessions. Next, employers were probed about why they withdrew from SCIP. This question formed the crux of the interview, therefore interviewers probed respondents extensively. Employers were also queried about whether they had heard anything about SCIP since their withdrawals, and whether this information was positive or negative. Finally, respondents were asked, whether they would join SCIP in the future, and if not, what would make them join. A copy of the interview guide is attached.

Results

Employers primarily join SCIP for two reasons: for the financial savings and to learn more about health and safety and the prevention of workplace accidents.

Some employers reported they were satisfied with the SCIP training. However, many offered the following suggestions to improve the program:

- Teach employers about health and safety regulations and roles and responsibilities;
- Be more flexible about training schedules, times and number of sessions;
- Cover health and safety material more adequately, especially industry-specific issues; and
- Be more flexible on the make-up of the groups. Allow employers the opportunity to decide whether they want to participate in groups that are homogeneous (industry-specific) or mixed.

Employers withdrew from SCIP because they were not satisfied with the incentive (many said their premiums were already low). Others reported they either did not have enough time to attend the training sessions, or they simply were not worth their time.

Summary

Overall, the findings can be useful in advancing suggestions for improvement to the SCIP program and in particular the SCIP training program.

Moreover, this survey was important in illustrating the motivations for joining an incentive program, such as SCIP. The results can be used, in the future, to enhance promotion efforts to induce employers to join SCIP, or other similair programs, as well as in the design of health and safety training program.

SCIP Survey

Employers who withdrew after registration

Introduction:

Good morning, my name is _____ and I am calling from the Research and Evaluation Branch of the Workplace Safety and Insurance Board (WSIB).

Can I please speak with _____ (read name from calling sheet).

If name on calling sheet is missing ask: Can I please speak with the person in your company responsible for Health and Safety issues, who may have signed up for, or attended training sessions on the Safe Communities Incentive Program (SCIP).

Today we are calling employers, like yourself, who were registered in the SCIP program, but later withdrew. As you know, SCIP stands for the Safe Community Incentive Program. We'd like to ask you a few questions about the your involvement with this program and your reasons for withdrawing, so that the Board can improve this program for small businesses.

Do you have about 5 minutes now?

If no,

When would be a good time to call back? Record callback date and time:_____

Questions:

1. The WSIB recently recruited employers in your community to join the SCIP program. How did you hear about the SCIP program?

2. Our records show that your firm joined the SCIP program. What made you join SCIP?

3. I'd now like to talk to you about the SWAP training program you might have attended. As you know, SWAP is a "Safe Workplace Awareness" training program. The training would have been about 5 modules long, and would have included such topics as managing health and safety in the workplace, and leadership in health and safety. Do you remember attending any SWAP training sessions

If no, skip questions 4 to 6.

4. What did you like most about the training sessions?

5. What did you like least about the training sessions?

6. Did you withdraw from the SCIP program while you were attending these training sessions?

7. Why did you withdraw from SCIP? Did you have any other reasons for withdrawing?

8. Have you heard anything about SCIP after you withdrew from the program?

If no, skip questions 9 to 11.

9. What did you hear?

10. Whom did you hear this from? (e.g. other employers, marketing campaigns in your community)

11. Was this new information that you heard about SCIP positive or negative?

12. If you were given the opportunity to join SCIP now, would you?

13. If no, what would make you join?

Appendix 5

Case Studies Of SCIP Firms

Safe Communities Incentive Program Evaluation

Case Studies

Final Report

Deborah Nixon and Nicholas Ignatieff

July 20, 1999

Back to Case Studies of SCIP firms | Back to Participants' recommendations for Change

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Executive Summary

The case study component of the SCIP evaluation was designed to sample the experience and impacts of the program with a sample of participants. Twenty-nine workplaces were visited in six communities. Several focus groups of employer participants and community coalition members were also held. In all some 60 employer representatives were interviewed, twelve supervisors, 50 workers, 7 coaches, 6 facilitators and 13 coalition representatives. Some difficulty was experienced in identifying changes in workplaces ascribed to SCIP versus those originating with other external training or consulting received by the employer.

1. Motivation for Participation

Most participants said their initial motivation to join SCIP was the financial incentive, including the desire to reduce their ongoing premiums. The availability of the low cost training was also a significant factor. For some firms recent OHS incidents or a WorkWell audit had underlined the need to improve their OHS prevention program.

2. Workplace Changes

Behavior

As a result of SCIP we noted an increase of awareness by participants of the importance of OHS prevention although this was more limited among workers and supervisors. Leadership was recognized as a key to successful change. Supervisors were frequently seen to be key to implementation of OHS programs. There was reluctance to discipline employees for working unsafely.

Process

The changes identified were uneven across the worksites visited with some showing little progress; some haven taken a few significant initiatives and others having instituted broader based change. In many firms policies had been developed and OHS manuals were completed or underway. This priority to due diligence and documentation often appeared to have a defensive, 'compliance' orientation. There was a significant move towards increased teamwork with workers recognizing their interdependence to work safely. There was also evidence of physical improvements in a minority of sites ringing from investing in new scaffolding or conveyers to upgraded first aid and personal protective equipment. There was evidence of increased inspection activity, both formal and informal and also safety communication either between supervisor and employee or among workers. SCIP has led to the introduction of return to work programs in a number of businesses and to more tracking of 'near misses'. There was no evidence of under reporting of incidents.

Barriers

The principle barrier to change identified by participants was the lack of time and the multiple demands on the small business owner/manager. A few participants also noted the reluctance of employees to accept roles with formal responsibility for Health and safety.

3. Business Impacts

Businesses recognized the high cost of absent employees. Many see value in the getting access to bidding opportunities by being able to meet OHS requirements and some firms saw OHS as a competitive or marketing advantage in their business. Few participants made a direct connection between OHS and general business management.

4. SCIP Components

Training

The content dealing with due diligence and documentation and return to work was judged helpful. Some of the content and language was too theoretical or abstract. There was a perceived bias in the content of the modules towards large, factory based businesses. Most participants appreciated flexibility and variety in group composition and meeting schedules. They would like to see more group interaction in delivery and less `talking heads'. Many would like to able to include employees and supervisors in the training.

Coaching

On-site coaching is an important aspect of the program and most reaction was favourable. Some found it intimidating and others superficial. Clearly the success of this part of the program depends on the skills of the coach. Generally the coaching template document was judged awkward and not always applicable.

Partnerships

The information network provided by SCIP was found useful. The level of assistance from Safe Workplace Associations (SWAs) was inconsistent as charging policies and level of support service varies amongst SWAs, and by consultant. The relation of SCIP to community safety coalitions varies with the community. Some community coalitions regard SCIP as central to the work and future of their coalitions and some don't. Generally SCIP participants were uninformed of coalition activities

Accountability

A number of firms were concerned about accountability such as `free riders' or bad apples; those firms that make no effort to improve their performance and could prevent a community from receiving a rebate.

Self reliance

The notion of `self reliance' is an explicit objective of SCIP. While a few participants saw themselves as becoming self reliant, most firms felt they would require some ongoing access to OHS advice and a stimulus to maintain their momentum given the other pressures on their time and resources.

5. Perception of the WSIB

One of the objectives of the program was to establish a WSIB field presence with a human face. The studies found that SCIP was viewed positively by participants, but that it was often not identified with the WSIB, but rather with the community. Participants frequently referred to a history of difficult relationships with the Board including hostile and difficult communications.

6. Client Satisfaction

In general SCIP received high approval ratings from its clients and started to positively shift some participant's perception of the WSIB. For more experienced firm's SCIP training provided a refresher while for others it gave a starting framework. However, most participants had suggestions for improvement in process or content.

7. Participants' recommendations for Change

Participants had numerous recommendations for change or improvements to the program from their perspectives. These concern program content, delivery, marketing, administration design and relationships in the community and are found in Appendix D of the report.

Objectives

The objective of the case studies was to provide an opportunity for a sample of Safe Communities Incentive Program (SCIP) participants to discuss their experience with the Program and its impact on their workplaces. The research was designed to explore any changes in behaviour and attitude with respect to health and safety and to address workplace changes, customer satisfaction, incident reporting issues, communication, networking self-reliance, and suggested improvements. The logic model which links SCIP activities to intended outcomes is attached as Appendix A. In the course of the research, other issues emerged such as the participants views of the WSIB and the integration of occupational Health and Safety (OHS) in general management of the business, and the role of the community in SCIP.

Methodology

In-depth interviews were conducted with 29 workplaces during the months of February and March 1999 in 6 communities: Waterloo, Ajax, Belleville, Brockville, Sarnia and Fort Frances. Cases were selected to present a range of size, sector and level of performance (reported lost time injuries, claims cost and frequency). Participants, workers and supervisors were almost always interviewed individually except for a few instances when workers were interviewed in small groups. The interview guides are contained in Appendix B. Interviews with employer participants were usually 45 minutes-1-½ hours in length. Worker and supervisory interviews ranged from 10-20 minutes. Focus group interviews took place in all communities except Waterloo. Focus group participant mix ranged from one community to another. In all communities, employers were a key component to the focus groups, with coaches, mentors, and Safe Community representatives joining the group in some instances. Group discussion was 1-2 hours in length. Coaches and SCIP coordinators were interviewed by phone and interviews ranged form ½-1 hour in length. Almost all interviews and focus groups were tape-recorded and tapes were transcribed.

The data was analyzed using QSR Nudist software. All tapes were coded and the data was input into 19 thematic nodes. The nodes were analyzed for predominant node themes. The case study project statistics are included in Appendix C.

A central methodological problem proved to be the difficulty in disentangling workplace changes ascribed to SCIP versus any other external training or consulting services received by the employer. The participants were often uncertain of the sequence of events and who did what and therefore could not always determine what definitive role SCIP might have played in initiating workplace change. Even when probed, many participants could not respond with any measure of certainty that SCIP alone was responsible for health and safety improvements.

This proved more difficult than expected. Firms would agree in principle to employee interviews but sometimes production priorities or external calls would preclude this. Frequently the SCIP participants would go out to the shop floor and ask a few workers to 'talk to someone about health and safety' without giving much warning or explanation.

This process evidently intimidated workers and despite our assurances that the discussion was confidential they obviously were concerned about not getting themselves or their employers in trouble. Union health and safety representatives tended to be more self confident and forthcoming.

Findings

1. Motivation For Participation

The primary motivation for most employers to join SCIP was financial. By this many meant not the incentive (which was almost always a factor), but the desire to get their premiums down. Many recognized that their existing OHS program was inadequate. Some also experienced recent incidents or had a WorkWell audit - something that focussed their attention on the need for improvement to their OHS effort. Many saw the rebate as essential to the initial marketing of the program and to its continuance.

> "Don't kid yourself- it was the rebate that filled that hotel room"; or as another participant said, "If you put lots of work into this program and then after one year you didn't get a rebate, matter of fact you get hit with an increase the following year, you're gonna have a bad taste in your mouth, and you're gonna say screw off".

For most employers, the motivation was often the opportunity for networking and low cost training and OHS information and the chance to get updated on new requirements. The convenience and flexibility of delivery, in terms of alternative times of day and make-up sessions, was also attractive.

For some, SCIP was also an opportunity for developing business contacts and profile. Others were motivated by the community focus and wanting to help in successfully launching the initiative in their community. A related sentiment was that the community focus meant "you were not doing this all by yourself, but rather you were all in it together". Others claimed to be primarily motivated by their feeling that this was the right thing to do and the peace of mind of ensuring a safe workplace.

Sometimes prior personal contact with the SCIP co-ordinator, facilitator or another participating business made the difference. One or two respondents identified the broad management focus - not specifically limited to safety - as a key motivator.

2. Workplace Changes

This section summarizes our findings according to the various components of change such as behaviour, policy, physical plant and equipment, processes, WSIB reporting and leadership. It also addresses barriers to change and worker perceptions of change

Behaviour

This section focuses on attitude and behavioural changes which occurred as a result of SCIP training. In most cases, employers had health and safety processes in place, albeit many were informal. Furthermore, there were many instances in which managers/owners recognized changes in their own behaviour and awareness but this often was not reflected lower in the organization.

Awareness of OHS issues was increased among owners and managers. The SCIP participants appreciated that the program has enlightened them to their responsibilities as employers and the importance of due diligence. Such awareness was more limited at the supervisory and worker level. There seemed to be a gap between the learning that occurred in the SCIP training and the dissemination of the information in the workplace. Where workers were aware of changes to health and safety practices, they often weren't provided with much explanation about the reasons for the changes.

Most of the respondents indicated that it takes significant time to realize any shift in behaviour or practice. In some cases, employers are managing very experienced employees who have worked a certain way for many years without injury. In other cases, employees have not found a compelling reason to change their behaviour. The health and safety message has not gotten through.

Many workers and employers stated that they felt that they were now part of a team whose members were responsible for one another. This has changed the climate in some organizations where all employees feel more involved and more committed to each other and the organization. Participants felt that they could respond to emergency situations with more confidence due to their increased knowledge.

Most of the respondents were very reluctant to use disciplinary action with employees who did not follow the health and safety rules. Most of the employers believed that the most effective way to deal with the reluctant employee was through discussion and encouragement. This finding requires consideration when SCIP program content is reviewed as it differs from the messages that participants said that they received in the training.

Some workers and employers noted that working safely has the negative effect of slowing down work. While they recognize the benefits of working safely, the supervisors and workers are under pressure to work faster and faster. This places them in a difficult position at times where they have competing goals to meet- get the job done quicker than the competition but use all the safety equipment and procedures.

This is especially critical within the supervisory group. Many employers and workers recognized that supervisors are an important link to the success of health and safety changes. They felt that it was important that workers feel that they can approach their

supervisor with concerns and that they will be heard and responded to. In some cases, employees did not feel that they could go to their supervisors without a fear of reprisal.

Policy

SCIP consistently helped firms improve their documentation. Some already had rudimentary policies and a few had more sophisticated ones, but all stated that they were able to add new items or update existing ones. For those who had had no documentation, SCIP provided models that were particularly useful. For example, some firms had been regularly sending employees on training courses but through participating in the program they had decided to introduce a training log that showed what training each employee had taken. In some instances firms would connect their improvements in policy and documentation to the fact that SCIP had improved their understanding of due diligence.

In many cases, participants seemed to put more energy into documentation and less into those processes which would have directly impacted the workers. Specifically, they were more concerned with due diligence and ensuring that they were in technical compliance and put less time into actions which would have improved the safety awareness and situation of workers.

Physical Changes

Participation in SCIP did lead some firms to undertake physical changes to the workplace though this was less commonly noted than behavioral or process changes. Specific examples ranged from a residential construction company replacing ladders by scaffolding to an industrial site investing in a conveyer belt, to better housekeeping, more personal protective equipment, checking fire extinguishers, installing louder fire bells, up grading first aid. While this comes from a minority of the firms interviewed, it represents some of the most tangible evidence of SCIP's positive impact.

Process

Many companies joined the SCIP program with a health and safety process already in place. In this case, SCIP training served as a refresher/reminder course. In other cases, companies had an informal health and safety process and the SCIP training gave them the tools to establish more formal procedures. For those for whom this was the first exposure to OHS, it provided an elementary framework from which to begin to develop a program.

The training reinforced the importance of setting goals and the need to stay on top of implementation. As one employer stated, "we have to continue doing it. We can't just say, well we've done it. You constantly use that as a checklist and keep seeing other thing that you could possibly add to the program".

Almost all of the respondents mentioned that SCIP was useful in reinforcing the importance of documentation and due diligence. The establishment of a 'paper trail' was viewed as very critical in dealing with potential claims. One supervisor stated that "when you have to be checked on what happened, it's a nightmare." Some also created internal tracking in order to uncover any weak areas in their work processes and identify areas of improvement.

The training also clearly established the roles and responsibilities for employers and workers. Most found that this clarity helped them understand the obligations of employers to provide workers with a safe workplace but also the obligation of workers to participate in the process.
Almost all the workplaces engaged in an inspection process. These inspections ranged from somewhat formal processes with written documentation of findings and action steps to a more casual walk-around with areas for improvement duly noted. Most employers established the safety talk process where workers could bring their concerns and issues forward.

Many of the workplaces continued to function in an informal manner. In other words, the primary means of communication was through conversation. Many employers organized safety talks but the frequency and durability of these sessions was quite varied. Most had a form of health and safety committee but there was variation on how often they met and the impact they had.

Almost all of the employers had established a return to work program. They saw the benefits of potential reduction in claims cost. Some felt that there were psychological benefits to keeping the injured worker involved with the company and his/her fellow workers. Others found it very helpful to the organization to employ the person in a more limited capacity than to lose the worker altogether.

The existence of a health and safety policy manual was very wide ranging. Many employers either had a comprehensive manual or were able to update/improve the one that they had been using. In other cases, some employers did not have a manual and had to design one. This was a very difficult undertaking for those employers who did not have the resources available to create a manual from scratch and little to no external assistance available to them. Many were very interested in developing a manual but were often too busy to attend to the task. As a result, they continued to apply the lessons learned at the training but in a less formal way. As one employer lamented "trying to get it all…I don't know if it'll ever all get together". Some participants seemed to view developing or having a manual as almost an end in itself.

WSIB Incident Reporting

Internal

The questions about whether participants had changed their incident reporting due to information obtained through SCIP typically produced mystification in our informants.

Nonetheless a minority of firms did report that through SCIP they had started to track near misses or first aids and use this for training or correcting behavior. It is worth noting that the module on return to work in which reporting requirements are covered, was one of the most popular.

External

There was near unanimity that SCIP has had no impact on participants' external reporting, that is, reporting incidents to the WSIB. Most said they had been clear about their reporting obligations and seemed surprised at the question. There is no basis from these conversations from supposing that SCIP is leading to a surge of reporting as small firms learn of their reporting requirements. Nor is their any evidence of pressure by owners not to report injuries.

Leadership

The issue of leadership is central to successful workplace change and is included in the SWAP modules. There was broad recognition of the importance of management "walking the talk" if changes to OHS were to be achieved. Several SCIP participants stressed the importance of their leading by example. One business owner who had formerly been in a middle management position with significant responsibility for OHS noted that now as a business owner he felt more responsibility.

A key question is how much this attitude was fostered by the SWAP modules. While, some workers commented that their boss seemed to be more committed to OHS than previously, some participants observed that SCIP had not emphasized the importance of commitment from the top. A recurring theme of managers attempting to convey their priority for OHS to supervisors and staff was the importance they ascribed to being able to demonstrate that they have exercised due diligence – their need to document actions taken.

Some SCIP participants who were not owner/managers mentioned that they had had difficulty getting the boss to show leadership on OHS issues. This raises the question of how exigent SCIP coordinators can be in holding the line of owner/manager attendance at SWAP modules. One person noted that it was more important to have a poor performing firm represented by somebody other than the boss if the alternative was that they refused to participate. The question might be asked as to how consistent communities are in handling this issue of level or role of participants.

Several participants advocated that SCIP training should include an opportunity for their workers to attend. They felt this would greatly facilitate the process of diffusion/ transmission. Some explicitly referred to their own lack of authority to carry the OHS message to their employees. They appeared to be saying that they felt exposing their employees directly to professional expertise on OHS would reinforce their message.

Worker Perspectives

One of the key criteria for the success of SCIP is the improvement in the occupational health and safety of workers. The case studies therefore attempted to get input from employees on any observed changes to OHS in their workplaces. The most common observation was that the workers were unaware of any change to the employer's health and safety activities recently. This seemed to be true for both firms that already had considerable H&S programs in place and for those that had not. Most employers had, in fact, forewarned us that little of SCIP had so far got down to their employees so we wouldn't hear much from their employees.

Most employees seemed to feel their work places were fairly safe places to work and that their employers took the issue reasonably seriously – "you could talk to them about a safety issue if you had a concern". A few mentioned concerns about production pressures getting higher priority than OHS, or having to push long and hard to get modest health and safety changes through the management representatives of a health and safety committee.

Barriers

Participants were asked if they had experienced any barriers in applying what they had learned from SCIP. The most significant obstacle to OHS improvements identified was the lack of time. One general manager of a small operation said that he was responsible for every part of the business, accounting, investment, finance, recruitment, production, shipping, and that left little or no time for safety. Another admitted "I think about it occasionally, but I haven't really done it". He mentioned that having no real deadlines is part of the problem. Retailers said that blocking off the time necessary was hard. A few firms mentioned that SCIP gave them "information overload' implying that the magnitude of what they had to do acted as an obstacle in getting started.

Another issue raised by a few participants was the reluctance of employees to take on the responsibility of membership in the OHS committee. One participant noted "They don't want the responsibility, all the legal hassles, the headaches for something that they are not going to get paid for".

It is interesting that our respondents did not mention financial cost as a significant barrier to implementing their health and safety program. They did, from time to time, complain of the cost of OHS training through their SWA outside the context of the SCIP modules. Some workers implied that the cost of items like ventilation systems was probably one of the factors that made change slow and discussion prolonged. The Rainy River Future Development Corporation introduced a low interest financial loan fund for SCIP related OHS expenditures but has yet to receive its first application. Belleville has taken a similar initiative with the same results.

3. Business Impact

Increasingly occupational health and safety prevention is seen to benefit from a clear understanding of the 'business case' for improved OHS performance. As SCIP was explicitly aimed at owner /managers of small businesses, the case studies probed to determine participants' perceptions of the financial impact of SCIP on their business and the extent to which OHS was integrated into the general management of their business.

Financial

The predominant comment was recognition of the high cost of not having employees on the job because of injury. The direct costs of compensation often appeared to be a secondary consideration. Some commented that SCIP had done a good job in dealing with the economic costs of injury.

Some referred to clear economic advantages of improved performance such as qualifying for contracts or appearing more "professional" or safety oriented than competitors. Others commented on the positive impact of getting a rebate and the secondary advantages of being able to use this to generate enthusiasm for health and safety from the owners and employees.

Some noted that the attempt to meet or exceed requirements and maintain a healthy workforce was expensive and there should be more effort to require poor performing competitors to raise their safety performance. For others, major investment in OHS related equipment had to be done on a case by case basis to preserve the viability of the business.

Some smaller firms do not cost out separately purchases of OHS equipment or training. A number had not noted any positive financial impact from the program yet. This is likely also to be true of the majority of SCIP firms who have not had any lost time injuries.

Integration

Most respondents did not appear to view OHS as part of their overall business performance, business plan or a contribution to business success. SCIP seems to have had little or no impact on the integration of H&S into the business strategy, save for the area of customer requirements described in the next section.

Those who are interested in quality or are ISO registered are more likely to understand the relationships. They say for example "it will improve our quality if people are more comfortable and work safer". " If you start doing your health and safety that way, you start doing your business that way". Some had found that employees who paid more attention to working safely and anticipated hazards were generally more attentive and quality oriented.

In many work places the connection between OHS and business management was usually more related to the perception that the physical wellbeing of employees was integral to the business. "If a man breaks down we lose production. And his family loses…" or again "Good workers don't grow on trees and they aren't trained by anybody…" While participant interest was often initially focussed on business impacts, SCIP training resulted in a shift in attitude and recognition of "doing the right thing".

Customers

One of the most dramatic examples of the business impact of OHS is seen in the effect customer requirements was having on health and safety practices – especially constructions firms and other suppliers to large and sophisticated companies. "Ten years ago we didn't give a shit for nothing. Lets go get the job done and go to the next one. You know as the time wore on, we were, I would say, forced to look into this – working on the city right of way, working for guys like Trillium, Dupont, Shell…". Or again "I think we sort of coat tailed behind Dupont and Shell and those guys". Construction firms are finding that increasingly tenders have to be submitted with their health and safety policy. One firm reported that their CEO has to visit Dupont every 3 years and lay out their safety record. Companies like Esso and Dow were disqualifying suppliers "even you scratch your hand across a nail". Logging sub-contractors for Abitibi in Fort Frances receive a monthly inspection, which includes their health and safety performance. There was some evidence that firms from other sectors were using health and safety to promote their business. Another related impact on customers reported by some SCIP participants was a new willingness to refuse unsafe business. "Now you say you can't get your people hurt even if you lose business".

4. SCIP Components

The following section deals with findings on critical elements of SCIP design such as group composition, delivery and content, coaching, and external resources. It also deals with two policy issues- accountability and self-reliance.

Training

Group Composition

The composition of the groups doing SCIP training is a potentially significant factor in learning outcomes. It also poses a challenge to the delivery of the training. Many participants appreciated a group with a cross section of size and sector (maximum mix) and level of experience. They said that they learned a lot from other participants, who could often convey information in their language based on an appreciation for the business reality. Another common view of the supporters of maximum mix was that it was useful " to show you where you stood". It seems that this is the view particularly of those who had less OHS experience and prior training. In smaller communities there was a tendency for many of the participants to know most of the people in the room and to have more of a personal interest in hearing the problems their neighbors faced and how

they were solving them. Other supporters of the `maximum mix' position saw this a furthering their opportunities for useful business networking.

Some managers from firms, which were further advanced, felt that groups should be segregated by size and experience. One of these more experienced firms felt that they had intimidated the facilitator and the group because they were constantly used as an example. This raises the question of how well the facilitators are prepared to deal with the issues that arise from group composition.

The other side of the `mix' question was the voice favoring more sector specific grouping. Sometimes the suggestion was that early modules be done together and later ones be done in sector groupings. This was expressed by both some (but not all) of construction and retail. One construction voice said that SCIP "was geared to a set work environment, not to construction" but did not personally argue for segregation, but rather more recognition of the reality of variety of work settings in the program content.

A related question was what we could call `the vertical mix'. Some participants did not have executive authority in their workplace or any OHS experience. They tended to feel like fish out of water. However some small business owners advocated for having more employee participation in SCIP. They saw that this would be very helpful for them carrying this new message back to their employees – with whom they often do not have a traditional `authority' relationship. Some suggested that workers and supervisors could attend some modules together, others that a special SCIP program are offered for employees.

Ultimately, the plurality of voices on the `mix' question suggests strongly that the delivery be made more flexible and group responsive. The facilitator needs to be prepared to ask throughout the delivery of the program when participants feel the need to digest some core material in some smaller grouping – by sector or size.

Delivery

Participants consistently appreciated the flexibility with which SCIP is delivered - from choice of time of day, to offering a variety of facilitation resource people, to allowing time for interaction within the group. This obviously poses the challenge to SCIP coordinators and facilitators of accommodating the preferred choices of participants. The program needs to ensure that the key delivery agents are skilled in making these choices back to the group to arrive at a consensus. It is also important to continually take the temperature of participants and to periodically measure satisfaction and solicit input. Clearly most participants were satisfied with the quality of the delivery, but a number complained of monotonous delivery, insufficient facilitators with real world experience and a packed agenda that precluded group interaction. Many wanted "more emphasis on getting the group speaking and communications within the group". The program needs to constantly upgrade the adult education skills of its delivery agents and to be cautious in the skills of the external facilitators it draws upon. There is appreciation for the knowledgeable outsider, but this is balanced with the expectation that they be good

facilitators and also that they know and relate to their audience. Sometimes resource people from large and sophisticated employers were criticized for talking over the heads of their audiences and for frightening the small employers who have to handle their OHS issues without specialized support. The program could benefit from clearer criteria for the selection and preparation of external facilitators.

Communities are obviously trying different solutions to delivery issues. Some have experimented with fewer half-day sessions; others have emphasized consistency in delivery by ensuring that there be a least one common facilitator giving each module. This diversity of approach is useful for the program if the experience is pooled and evaluated thoroughly. Furthermore, the styles and skills of the facilitators differ. Those with small business experience are better able to relate to the business issues raised by participants. Professionally trained facilitators would be more comfortable and skilled in group facilitation.

Training Content

Almost all of the participants found the program to be very helpful with documentation, due diligence and the design of a health and safety policy/manual. One person felt that the program offered a blueprint which, if followed, would put them "way ahead of the pack". There were some comments about the repetitiveness of the information but this may have been due to the program's continuing to cycle back to the issue of due diligence. A drawback to this emphasis on due diligence is diminished attention paid to factors which would create a physically safer workplace. It can be argued that due diligence achieves that; however we found that so much energy was expended on paperwork compliance that other changes were neglected. As one participants commented, "it tended to overshadow…hazardous chemicals, serious accidents, investigations".

For those participants who already had a well-established health and safety program in place, the program served as a good review and refresher. For those for whom this was new material, it helped them understand what they needed to do to ensure that they were in compliance. One called it "one-stop shopping; the program is laid out in front of you". It was, however, overwhelming for small businesses. One person said he was awestruck about what you need to know.

There was some comment that there was neither enough emphasis on the importance of senior leadership commitment nor any connection to the financial side of the business. This is also reflected in the few participants who had integrated health and safety into other management systems. Part of this may be explained by the emphasis on the importance of documentation. Participants seemed to take away the message that this was the most critical component of the SCIP program.

One of the most often repeated comments about the course content was its emphasis on larger, factory-based companies and the inapplicability of some of the content to

construction, service or smaller businesses. Many would have preferred less theory and more examples of how to apply what was learned to their own businesses.

Coaching

The on site coaching/evaluation received by participants, has been another central characteristic of SCIP. Employers have valued the free, non-threatening, on-site evaluation of their OHS program. Most comments on SCIP's coaching/evaluation process were very favorable. For example, one coach (a coordinator) elicited the following comment " She helped me out a lot. I don't know if she helps everybody that much. I'm sure she does, but if she helps everybody as much as she helped me…". There were frequent references to the fact that it was not threatening and there were no sanctions involved. A minority view found the coaching intimidating in its 'depth'. Some were suspicious that, because of its detail, it was really an audit that was going to go to the Board and be used against them. A number had the impression from the modules that they were going to have an 'audit'. Others found the experience superficial or oriented primarily to their paper documentation or again that it hadn't given them credit for what they had accomplished.

Coaches tended to give a list of suggestions from which an owner could chose their priorities. Some supplied various materials, disks or advice on other contacts that could help participants with specific problems.

It was clear that the line between SCIP coaching and regular SWA field visits to clients was blurred in the mind of SCIP participants. In fact some coaches regularly do a SCIP check up when visiting their clients on their SWA schedule. SCIP tends to get credit for this level of SWA activity.

The level of SWA follow up varies with the SWA and each consultant and hence also by community. Many clients and some coaches argue that more follow up than an annual check-up is required to reinforce SCIP messages. One firm, which had a positive view of their coach, noted that they were waiting for him to get back with promised materials before they could continue their implementation work. This underscores the importance of the availability of the coach.

Some coaches suggested that more be done in the SWAP modules to prepare participants for the evaluation session and reinforce the questions that they should be thinking of. This does not appear to be consistently applied.

Several coaches and some participants commented that the template was awkward and didn't fit easily. One noted that even the coach had admitted that much of the template 'wasn't applicable'. Some coaches are ignoring it. Some find that even the Revised Version still contains unhelpful repetition and difficult language.

In one community the SCIP participants in the construction sector had agreed that their second evaluation would be the full H&S profile inspection. This could be an option of benefit to firms in other communities and sectors.

External Resources

A significant selling point for SCIP is the availability to participants of a network of qualified health and safety resources. The organization and coordination of this network is one of the largest challenges of the program. It is important to know how external resources participants have been perceived.

A number of participants commented on how SCIP has given them a useful information network that has kept them updated and informed. There was a suggestion that developing and using such a network might be easier for companies that were already self-sufficient in OHS. Some had found that the connection had opened up new contacts. For example a public sector employer had joined a purchasing cooperative and this had in turn led to the formation of a sub committee on compensation and other human resource issues. While many firms reported that in principle they would be prepared to ask advice from other SCIP businesses, few had actually done so. At least one coach was encouraging more advanced participants to become mentors to other participants in areas in which they excelled and this suggestion had been taken up. This seems to be a promising way of extending the local support network.

Some coaches pointed out that not all SWAs were supporting the program. Others noted that some SWAs have sales targets and the amount of time they can give to clients free of charge is limited. The question of the availability of SWA support is integral to the design of SCIP. It makes no sense to many SCIP participants that SWAs would not be available in their community when they are supported by WSIB premiums. Some looked to the WSIB as the system's `parent body' to ensure that these supports are available and that any charges are consistent and reasonable. The discussions on performance objectives are presumably an important vehicle that the Board could use to move the system in this direction across the regions and communities served by SCIP.

A few firms indicated that they had gone to the private sector to get OHS expertise they needed because they could obtain precisely what they needed when they wanted it. For example, in one case SCIP had motivated a business owner to turn to a private consultant to meet a backlog of OHS issues on the agenda of his health and safety committee. In some communities private OHS resources might be used to deliver coaching or facilitation with more business context.

While there was little comment on mentoring in these conversations, one mentor did express frustration that the WSIB, which gets 25% of the refund from a community, was expecting so much free support from firms (and individuals) that are "just trying to keep their heads above water". Another mentor commented how useful they found the relationships they had developed through SCIP; it connected them to a resource network that they could use themselves.

Relationship to Community

Of the six communities visited, only three closely followed the Safe Community model and had community coalitions that were actively involved in SCIP. Discussions with coalition members were held in those communities. The intent was to obtain a better appreciation for the relationship between the coalitions and SCIP and get the communities' perceptions of the program and suggestions for the future. For the most part SCIP participants were largely uninformed of the activities of their community coalitions, unless they happened to play a volunteer role in the coalitions activities or were a facilitator. Those involved in the coalition often described its most significant contribution as providing an umbrella under which a number of different community organizations could coordinate their efforts to mutual advantage. The coalition's goal of community injury reduction at work, home and play provided a good base of support for the introduction of the SCIP program. It facilitated obtaining the support of civic and community leaders and gave a credibility for the initial recruitment of firms that the WSIB would have found difficult or impossible on its own. On the other hand, one coalition felt that its credibility suffered from the delay in issuing SCIP cheques and frustrated participant expectations.

Some of the community coalitions wish to play a strong coordinating role in the delivery of SCIP and feel that the WSIB initially held out the promise that SCIP would `belong to the community'. Some see the WSIB trying to achieve consistency at the expense of local control and this generates some resentment. In some of the communities SCIP is regarded as central to their coalition, but a number of respondents felt that they could survive if SCIP were not to continue, though business involvement might diminish. The common feeling was that it was best to have both SCIP and an active coalition since they worked to support each other. A tangible demonstration of potential synergy are plans in Belleville to develop community focussed injury reduction initiatives that `spin off' occupational safety such as fire extinguisher training and back care.

Resources are a continuing concern to the coalitions. While not rejecting the goal of community self-sufficiency outright, most said that the feasible time frame was much longer and the amount of start up resources was higher than provided by the Safe Community Foundation. Some commented that fund raising and marketing activities were time consuming and detracted from program development work for both SCIP and community projects.

Accountability

Some participants raised the large issue of `bad apples' and accountability – firms who get into SCIP for the refund and `don't clean up their act' and threaten to pull the whole group refund down. Currently, there is no penalty or sanction for firms who simply take the training but make no workplaces changes. More often than not, participants have commented that one of the program's attractions is that it has no sanction. However, the issue was raised by a number of participants that there should be an accountability requirement. There was an expressed interest by some construction firms that competitors

who ignore their OHS responsibilities should be penalized so that those who improve will gain a competitive advantage.

One of the solutions could be the sharing of all performance information among participants. This becomes problematic as a number of participants said most people say that they would be unlikely to join SCIP if there was a requirement to share OHS performance information. However, in the words of one participant "Whether its published or not, people know who the bad apples are and if its dragging your rebate down because some jerk is not doing it, well that's going to be known and so that puts pressure on those people to get with the program or get out".

Self Reliance

One of the principle long term objectives of the WSIB in administering SCIP has been to encourage the principle of self reliance or self sufficiency, both at the level of participating firms as also at the level of participating communities. The principle question on this subject concerned the participant's ability to 'carry on' or be self-reliant regarding the further development of his or her own health and safety program. The question was 'soft' and subject to different interpretations. However the responses cluster clearly into two categories.

The larger and more sophisticated firms – those who often saw SCIP as a means to reinforce or verify their progress – said that they felt self sufficient, particularly because they had received information on local resources they could avail themselves of. The smaller firms consistently identified the need for continuity of support through more training or coaching/mentoring. One used the analogy of leaving books on the counter at school and expecting a child to finish them. "It won't happen - we're too busy, they need to keep training us". "It should be an ongoing thing ". "We need a kick start, a refresher". A common refrain from the smaller businesses was that the government/regulatory environment keeps changing and they can't keep up with it without help, given the time restrictions and crises that make up small business life.

5. Perceptions Of WSIB

When SCIP was established in 1996 one of its innovative characteristics was to provide a WSIB field presence with a human face. SCIP coordinators were expected to be available to assist program participants in their dealings with the Board. One issue that the case studies addressed therefore, was the impact of SCIP on perceptions of the WSIB. It is instructive to note the nature of the prevailingly negative comments. This needs to be qualified by noting that some small businesses had minimal interaction with the Board and had a neutral attitude towards it.

The question generally triggered a surprising stream of hostile comment related to previous experience of the Board often concluding that SCIP was therefore a pleasant surprise. We discovered that SCIP was introduced into a context of general negativity towards the Board. For some the local face of SCIP is identified more with their

community than with the Board. "They don't seem like WSIB people. And that is positive from the point of view of most people who think of the WSIB as some enormous paper shuffling building in Toronto that generally doesn't like you and costs you money." "The quality of the SCIP coordinators is a key to successful implanting in communities".

Past relationships with the WSIB were frequently characterized as hostile or rude. A call for information would lead to insults and threats of fines. A WorkWell inspector refused to defer an appointment with a family-run business when he arrived just one hour after the death of one of the owners. Communications were difficult. "The system is formidable. It drives us absolutely crazy. We don't know who to talk to". "When I try to phone Toronto, to this number I have, I get… in four phone calls, I'll get five different people. And they're never the same. Or probably throw in a couple of voice machines besides".

There were many comments about the WSIB as provoking fear in its customers. "They're afraid of the Board..". "You're not innocent until proven guilty. You're guilty and you have to prove yourself innocent. And that's why the paperwork trail is so important". Or again "And when they said, "I'm going to talk about WSIB …those loggers, their bodies just snapped. Like it was a fearful thing that shouldn't happened with a government agency".

Some were critical of the Board's inability to control SWAs or the Board's perceived failure to manage the system properly. "Then I learn about the SWAs -the money comes from my payments to WSIB who then branches off a certain amount of the money to the SWAs, who says we're not doing that and no one has the authority to say, yes you are. Now this is just the strangest thing".

There was also criticism by employers about the Board's handling of interpretation of the rules; that it gave employer's money away on soft claims; that it is not tough enough on workers who knowingly work unsafely and get hurt. Complaints about classification were also a concern. This was accompanied by expressed frustration about not knowing how to seek redress or 'be heard' by the Board.

It is against this context that participants commented on the impact of SCIP on their perceptions of the Board. "The WSIB suddenly had a face. We actually had somebody we could talk to. It was like having our own WSIB guy in town, and by God it was appreciated." " We don't have our backs up any more, so we can sit down and talk like humans again. I feel comfortable enough that if I have any more problems I would just call (the SCIP coordinator) and see where I stand". " It looked more like we're working together towards a common goal."

There is a sense of community ownership. "I saw a guy on the street, 'so how's our Coalition doing?' It's become 'our' thing". There is criticism from some community voices close to SCIP that the Board has begun to try to exercise too much control over what they see as a community initiative.

Some participants have actually started to trust normal communications with the WSIB again. " I probably wouldn't call (the SCIP coordinator) now if I had a problem. I mean that's not his job. He's there to help the Safe Communities Program. I would go through the normal channels." This relates in part to the broader perception of the Board's reorganization and changed direction and the increasing contact with regionalized adjudication teams.

The perception of the program has been positive. The program is often not identified with the Board because of the use of local resources, the availability of a local rep and its community connection. Furthermore, the local rep has been actively advocating on behalf of clients with broader Board issues. This would imply that the clients perceive a sense of loyalty from SCIP coordinators to their client base which they have not experienced before. In several communities, SCIP coordinators are conducting worksite evaluations with positive response. Notwithstanding this, most clients still offer a guarded response to questions regarding a change in overall positive perception of the Board.

6. Client Satisfaction

It is clear that SCIP has received high general approval ratings from its clients. This is true with respect to the quality of training, coaching, convenience of delivery, relevance of the content, the connection with other resources. As already stated, the program has to some extent, started to positively shift some participants' perception of the WSIB.

Having said this, it is noteworthy that most participants had suggestions for improvement. See Appendix D for their specific recommendations.

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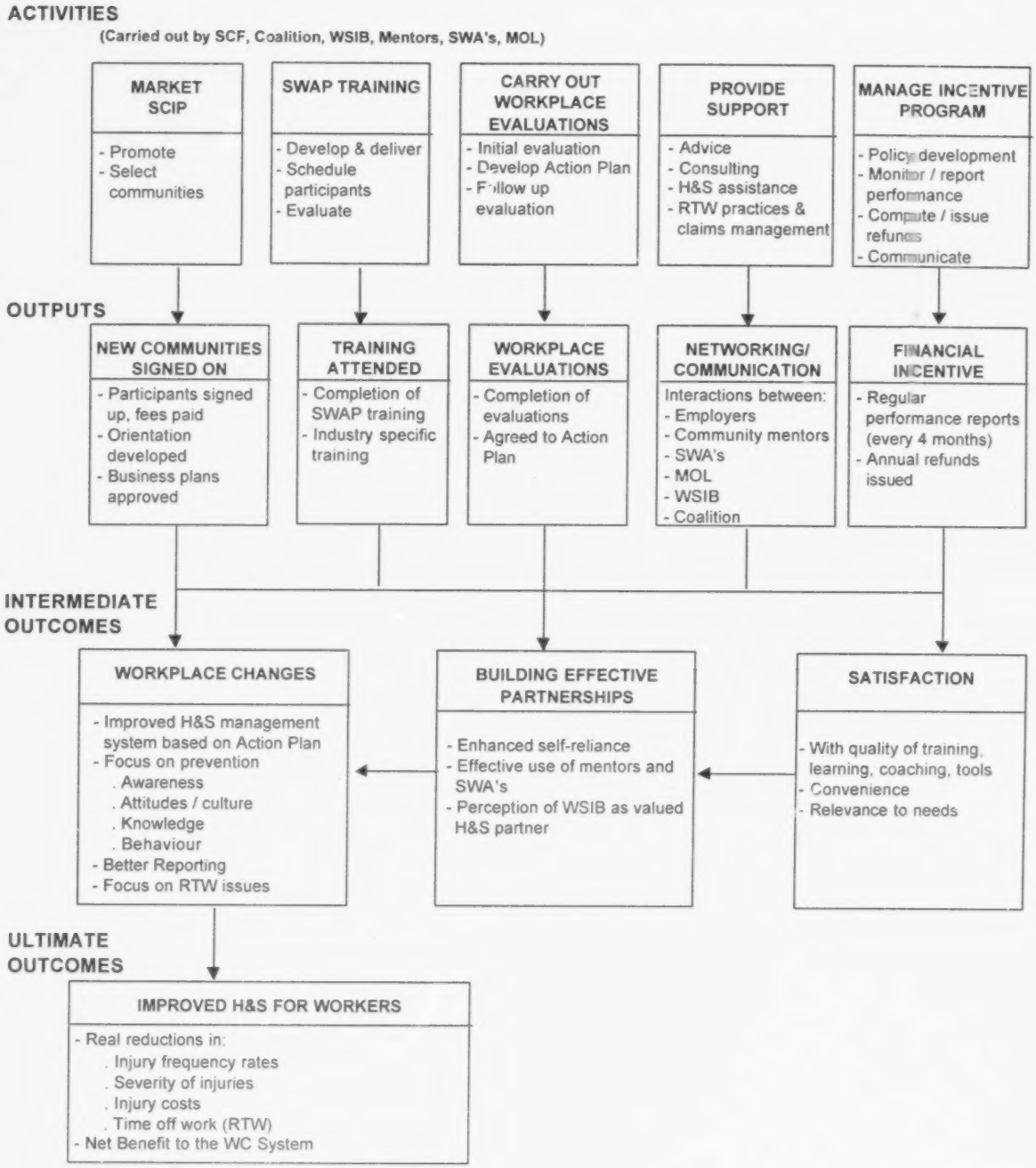
Appendix A

SCIP LOGIC MODEL
LINKS PROGRAM ACTIVITIES TO INTENDED OUTCOMES



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Appendix B

Employer Participant Interview Guide

Introduction to interview

Purpose of this interview is:

- To determine the impacts of SCIP on OHS in their company
- To elicit any comments you may have on your experience with the program
- To get a better understanding of the impacts SCIP has made on your business

We are not employees of the WSIB, but rather we have been contracted by the Board to gauge your perceptions and experiences with Health and Safety. All of your comments will be kept in the strictest of confidence. You will not be identified individually, nor will your comments ever be reported back to the Board, your workers, or other employers.

1. Can we start by discussing any changes you have made in your workplace as a result of the training and coaching you received through SCIP.

   Probe: make references to leadership, organization, control and hazard identification, policies, standards, communication, training, did you attend other courses, did you hold other meetings, did you develop policies and procedures in your workplace, involvement of workers, etc.

2. Thinking back at the training you received and the way it was delivered, what was the one best thing about it? If you could change on thing about it, what would that be?

3. Thinking about the training again and its emphasis on setting out a health and safety management system in the workplace, do you believe that you could apply what you learned to your business?

   Probe: ask why and why not; and any other details and specifics

4. Did you experience any barriers, either in your business, or through your workers, when applying what you learned in the SCIP training?

5. Have the changes you made to Health and Safety impacted your business either financially or from the point of view of work practices?

6. Have you connected with any organizations or other employers for assistance or networking information?

7. Have there been any other impacts, results, consequences or surprises from participating in the program?

8. Has SCIP now changed your relationship with the Board?

9. Have you found the resources you expected through the program, and do you feel confident in being able to carry this program on, in your workplace, on your own.

10. What do you think it would take to encourage other businesses to participate?

11. Overall what are your perceptions of the SCIP program? Are you satisfied, not satisfied with it? Why or why not (probe for details and specifics). How could the program be made better or more effective?

Thanks for your help.

Worker Participant Interview Guide

Introduction to interview

- Purpose of this interview is to assess your experience with OHS in this company
- We are not employees of the WSIB, but rather we have been contracted by the Board to gauge your perceptions and experiences with Health and Safety. All of your comments will be kept in the strictest of confidence. You will not be identified individually, nor will your comments ever be reported back to the Board, your employer/supervisor, or other workers.
- Your manager/employer/owner/operator of this company participated in a WSIB training program on Health and Safety called SCIP, and we are evaluating what the effect of that program has been, if any. Have you heard about this program? Did you know that your manager was involved?

1. I'd like to start by asking you about Health and Safety in this company. What kind of emphasis or attention does Health and Safety get at your company?

   Probe: give examples related to SCIP, such as policies, standards, procedures, training, communication, leadership/culture, etc.

2. Is the Health and Safety environment in this company any different than it was, say a year ago?

3. Have these changes actually affected the way you work? How so? (Probe: ask worker to elaborate)

4. What happens if a worker in your company does not follow the Health and Safety procedures implemented by your manager?

5. What happens if you identify a risky Health and Safety situation to your employer/manager/supervisor? What does he/she do? Are any changes made as a result? Are these changes positive? Has this changed from the way it used to be?

6. How has this whole Health and Safety program (in your workplace) affected your approach to Health and Safety outside of your workday? (probe: reflect on safety issues in your home; during recreational activities, on the road; etc.)

Thanks for your help.

Supervisor Participant Interview Guide

(This guide is the same as the worker's interview guide, except for the addition of question 6)

Introduction to interview

- Purpose of this interview is to assess your experience with OHS in this company
- We are not employees of the WSIB, but rather we have been contracted by the Board to gauge your perceptions and experiences with Health and Safety. All of your comments will be kept in the strictest of confidence. You will not be identified individually, nor will your comments ever be reported back to the Board, your employer, your workers, or other employers.
- Your manager/employer/owner/operator of this company participated in a WSIB training program on Health and Safety, and we are evaluating what the effect of that program has been, if any.

1. I'd like to start by asking you about Health and Safety in this company. What kind of emphasis or attention does Health and Safety get at your company?

   Probe: give example related to SCIP, such as policies, standards, procedures, training, communication, leadership/culture, etc.

2. Is the Health and Safety environment in this company any different than it was, say a year ago?

3. Have these changes actually effected the way you work? How so? (Probe: ask supervisor to elaborate)

4. What happens if a worker in your company does not follow the Health and Safety procedures implemented by your manager?

5. What happens if you identify a risky Health and Safety situation to your employer/manager/supervisor? What does he/she do? Are any changes made as a result? Are these changes positive?

6. If someone is not following safe practices, what do you do about it? Is there a process in place that allows you to make changes? Is this process different than it was in the past? Does management usually back you up?

7. How has this whole Health and Safety program (in your workplace) effected your approach to Health and Safety outside of your workday? (probe: reflect on safety issues in you home; during recreational activities; on the road; etc.)

Thanks for your help.

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Appendix C

SCIP Case Study Project Statistics

Communities visited:

Ajax/Pickering	Fort Francis
Belleville	Sarnia
Brockville	Waterloo

Worksites visited: 29

Employer focus groups: 4

Community Coalition discussions: 3

Interviews:

Employer Reps	Supervisors	Workers	Coaches	Facilitators	Coalition Reps
60	12	50	7	6	13

Interview Transcripts: 1,135 pages

Analytical software used: QSR NUD*IST 4 which when the interview transcripts were coded yielded 356 documents entries and 10,813 text units across a '24 node' analytical tree.

Appendix D

Recommendations

One of the objectives of the case studies was to canvass for suggestions of SCIP participants for possible improvements to the program. In the course of these discussions broader policy issues were frequently raised. While some respondents were basically satisfied with SCIP, most had suggestions to give, which are summarized below.

Content

- Need for a business case to provide incentive to retail and service who have low premiums
- Program should support the management system with more nuts and bolts and help develop a participants program as they go along so they walk out with something they can actually use
- Compress the early modules and add more practical detail in the later modules
- Reduce information overload in the modules-get more generic- use more group exercises

Community

- Need a universal injury data system for communities
- Safe Community Foundation should create a charitable foundation to facilitate acceptance of federal funds. They could also spearhead national fund raising

Delivery

- SCIP material should be available to participants from the inception of the program
- More regular feedback from the Board to SCIP participants on how they are doing through the year
- Be more selective about the instructors
- SCIP groups should be divided by levels of management
- Reduce information overload in the modules- get more generic- use more group exercises
- Build in more opportunities for participants to talk about their businesses and OHS issue

Marketing

- SCIP should develop some program identifier which refers to rebates that participants could display
- Be more aggressive about advertising SCIP- many firms haven't heard about it
- SCIP groups should be divided by levels of management
- Produce a quarterly news sheet featuring local participants

Program Administration

- SCIP coordinators should live in the community and come from the community
- Issue the refund cheques quickly at the end of the year

Program Design

- The Board should deliver a session annually updating on policy and legislative changes
- The incentives should be increased for small employer
- There should be consequences for having poor evaluations
- There is a need for quarterly meetings of participants after they have graduated
- There should be a certification of SCIP graduates that provides some reduction of premium
- Large employers with good records should be screened out
- More regular feedback from the Board to SCIP participants on how they are doing through the year
- Provide more opportunities for workers to hear the SCIP message
- Circulate a questionnaire to graduates a year later to identify and follow up on their training needs
- Bring participants together after six months or on a regular basis to discuss possible next steps in prevention
- If the Community gets the refund they should have their training costs refunded
- Put a percentage of the community's rebate into subsidizing further training
- Try to get the savings from reduced community health care costs back into the community
- Letter of commitment from owners not attending SWAP but sending a subordinate
- Introduce a 'licensing' or certification program to ensure a level playing field
- Establish a sectoral 'follow-on groups' who can work on their particular issues
- Make SCIP available to all communities